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A case study of the Worcester Intensive Care Program for aggressive youthful offenders.

Ronald E. Vogel

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A CASE STUDY OF THE WORCESTER INTENSIVE CARE PROGRAM
FOR AGGRESSIVE YOUTHFUL OFFENDERS

A Dissertation Presented

By

RONALD E. VOGEL

Submitted to the Graduate School of the
University of Massachusetts in partial fulfillment
of the requirements for the degree of

DOCTOR OF EDUCATION

September 1978

Education

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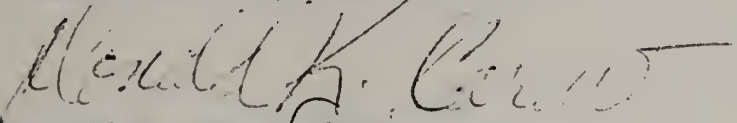
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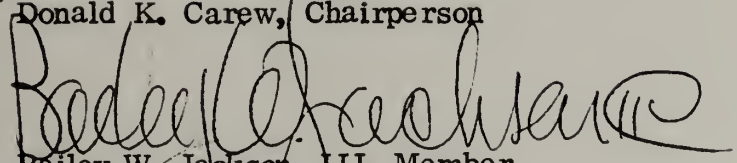
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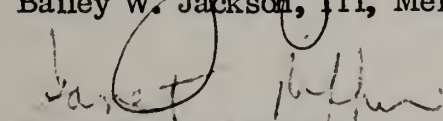
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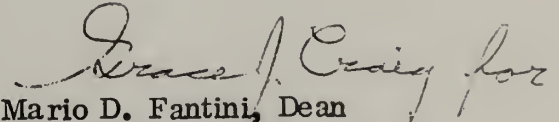
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DEDICATION

This work is dedicated to the
youngsters who went through
the Worcester Intensive Care
Program. May your lives have
purpose and meaning.

ACKNOWLEDGEMENTS

The author would like to acknowledge the following people who helped to make this work possible.

Dr. Donald K. Carew - Committee Chairman

Dr. Bailey Jackson, III, - Committee Member

Janet Rifkin - Committee Member

Pauline Ashby - Typist

Jack Calhoun - Commissioner of DYS

Professor George Gaudette - Director of Criminal Justice Program - Holyoke Community College

Gerald Latham - Assistant Director of the Worcester Program

Eddie Overing - Editor

James Sansoucci - Consultant and friend

Robert Watson - Director of Secure Treatment

Dr. Robert Winston - Advisor and friend

The author wishes to express deep appreciation to Dr. Janice M. Gamache, for without her guidance, support, inspiration and understanding during the author's dissertation crises, this work would never have been completed. Thanks Jan.

ABSTRACT

A Case Study of the Worcester Intensive Care Program for Aggressive Youthful Offenders

(September 1978)

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Since 1972 the Massachusetts Department of Youth Services has changed the way services are delivered to youth. DYS closed their major training schools and opened an array of community-based programs for juvenile offenders. This swift, radical reform movement was intended to be more humanistic than merely containing youth in large institutions. However, community-based programs were not appropriate for all youth committed to DYS. Some type of secure but humane setting was needed to provide services to those youth who were a danger to themselves or the public as well as those who chronically ran away from community-based programs. In 1974 a system of programs was developed by DYS to rehabilitate those youth in maximum security settings. The new system was labeled intensive care which connoted the type of care that was to be provided in each program. The first program

appeared in the summer of 1974 with the opening of the Westfield Intensive Care Program and within a year five other programs were in operation.

This dissertation is a case study of the Worcester Intensive Care Program as it existed from January 1975 to December 1975. This facility was the most secure intensive care program in Massachusetts and was designed to rehabilitate 24 youths that could not be held or treated in either the community-based system or other intensive care programs.

In this study the author presents problems associated with the identification of youth inappropriate for community-based programs as well as those associated with providing services to intensive care youth. This is followed by a presentation of the objectives of the study. Briefly, they include (a) presenting a detailed description of the program, (b) providing an analysis of both the theoretical underpinnings and organizational variables that influenced the development and daily functioning of the program, (c) conducting a two year follow-up study to determine the location of youth at the time of the study, and (d) analyzing youth's perceptions relating to how they felt the Worcester program affected them.

A description of the Worcester program details information concerning the facilities, admissions criteria, programming, daily scheduling, the distribution of points and how they were utilized, supportive community services, records, staff and staff organization, termination, aftercare and budgets. This is followed by an analysis of major works and theories

concerning criminal behavior and the phenomena of juvenile crime in an attempt to outline their influences on the Worcester program. Subsequently, organizational factors influencing the program are examined to give the reader a sense of the factors that hindered both the development and stabilization of the program as well as the growth of individual youth. The follow-up study consisted of structured interviews of all youth who had been in the Worcester program for a minimum of three months. The results of this inquiry determined that of all youth terminated from the Worcester program in 1975, 44 per cent were serving adult sentences, 12 per cent were in jail awaiting adult sentences, 12 per cent were in maximum security treatment facilities for juveniles, 24 per cent were living in the community, 4 per cent could not be found, and the final 4 per cent had defaulted from adult court and also could not be located. Finally, an analysis of the perceptions of youth on how they felt the program affected them revealed that whether youth viewed the program positively or negatively bore no direct relationship on their behavior in the community.

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CHAPTER I

INTRODUCTION

The Worcester Intensive Care Project, implemented from January through December 1975, was designed to provide services for young people in trouble. Specifically, its program was an attempt by the Department of Youth Services to treat and rehabilitate those youths whose problems and whose behavior could not be successfully treated by existing programs.

Prior to 1972, the training schools in Massachusetts for youthful offenders had become repositories for juveniles whose crimes ranged from mild delinquencies to serious offenses. The training schools (commonly referred to as "Reform Schools") represented a philosophy that was exemplified in the "custodial" services the schools provided. Rehabilitation and eventual return to society, while hoped for, was seldom achieved. Something else was needed. Not all youths in trouble should be combined into a single category and given the same treatment.

The Radical Reform Movement of 1972 and the subsequent closing of the training schools made necessary the establishment of programs that would reflect the change in philosophy implied by the closing of the training schools. Community-based programs were instituted. The optimism concerning the eventual rehabilitation of some youth was usually justified.

For the habitual offender--labeled Intensive Care Youth--however, the community-based programs were not adequate.

The term Intensive Care Youth was applied to youth who had been diagnosed as chronic runaways, self-destructive (suicidal), and dangerous (capable of inflicting great harm on society). Programming for Intensive Care Youth began in Massachusetts in 1974 with the opening of the Westfield Detention Center. (This experimental program at Westfield was short-lived, and the program was discontinued. See Chapter III for further elaboration.)

The Worcester Intensive Project was started in January 1975. Designed to reintegrate troubled youth back into their communities, the Worcester Intensive Care Program attempted to provide the tools necessary to accomplish this goal. A description and analysis of the program will be covered in this dissertation.

The remainder of Chapter One will be an elaboration of the foregoing introduction. Beginning with the background information that includes an examination of the problems raised by the philosophical change implied in the treatment of juvenile offenders. The criteria used to identify youth in need of intensive care will help to point out the challenge faced by those who must fit each youth into the program where his needs will be best served.

Also included in this chapter is an examination of problems encountered in placing Intensive Care Youth in community-based programs, which are designed to give greater freedom than is appropriate for some offenders.

A brief summary will explain how the need for particular services exerted pressure for the designing and establishment of a new kind of program to address the special needs of some of these young people.

The next section of Chapter One will define the purpose of this study, the design of the study, the significance of the study, and a definition of terms. Included, also, will be the organization of the dissertation.

Background Information

During the winter of 1971-72, the Massachusetts Department of Youth Services decided to close its major institutions. (See Chapter Two for further elaboration.) This action represented a radical change from custodial care to the provision and delivery of services to youthful offenders within their home communities by using a system of community-based programs.¹ To provide greater control over the placement of youth within the community, the Department of Youth Services was decentralized. Control and authority were shifted from the Department's central administration to the seven newly created regions. Each region had its own budget, regional director, assistant regional director, and staff. The purpose of the regional offices was, as now, to provide services to youth who are referred to the Department by the courts having jurisdiction in those regions.

¹Lloyd Ohlin, Robert Coates, and Alden Miller, "Radical Correctional Reform: A Case Study of the Massachusetts Youth Correctional System," Harvard Educational Review, XLIV, No. 1 (1974) pp. 75-77.

When youth are committed to the Department, regional personnel have the authority to place the young offenders in community-based programs for care, custody, treatment, education, training, and diagnosis.¹ Whether or not community-based programs are an alternate form of institutionalization rather than an alternative to institutions is currently a subject of debate.² DYS juvenile justice professionals now agree that not all juveniles adjudicated delinquent and committed to the Department of Youth Services need to be locked away from society. They believe that for some youth, community-based programs provide the necessary components for treatment that, if successful, prevents or cures delinquent behavior.³

It became apparent soon after the implementation of the community-based programs, that not all youthful offenders could be successfully treated by these programs. Another system of service and programs had to be developed to provide both security and treatment to those youths whose needs were not being met within the existing structure. A program of intensive care was devised to meet these needs.

The first such program in Massachusetts specifically designed to offer intensive care was the Westfield Detention Center organized at Westfield in

¹Delinquency Prevention Programs, Massachusetts General Laws, Chapter 18A, Section 2.

²Bruce Bullington, James Sprowls, Daniel Katkan, Mark Philips, "A Critique of Diversionary Juvenile Justice," Crime and Delinquency, Vol. 24, (Jan.1978), pp. 70-71.

³Robert C. Trojanowicz, Juvenile Delinquency Concepts and Controls (Prentice Hall, Inc., New Jersey, 1978), pp. 323-324.

1974. (For similar programs, see Chapter III.)

The Worcester Intensive Care Program, created to meet the needs of youth who were inappropriately placed in the community-based programs, is the focus of this dissertation.

Statement of the Problem

The decision to close the training schools in Massachusetts raised a number of questions that needed to be attended to by the Department of Youth Services. What should be done with the youth who are not appropriate for community-based programs? Who are these youth? What do they have in common? What kind of programming should be developed to supply the needed therapy? How could those youths, who are habitual runaways from other programs be induced to stay and try again? What about those who have committed violent acts upon themselves or upon others? How could these youths be identified, secured, and treated?

The problem, then was threefold. Some way of identifying these young people who would need special treatment had to be devised, the offenders would have to be secured, and appropriate treatment would have to be applied.

Identification of Youth Inappropriate for Community-Based Programs

When a youth participates in anti-social activity--whether or not that activity is violent or non-violent, whether or not it is directed against property,

people, or himself--and when home or school remedies are not sufficient for rehabilitation, he becomes involved with the courts and the juvenile justice system. Once a youth is adjudicated delinquent by the court, he is placed in a probationary program that is designed to work with youth who have problems related to adolescence. Regardless of the labels attached to such youth because of their specific activities, some form of adolescent maladjustment is implied by the act of placing a youth on probation. Beginning with the youth's first anti-social action, the ensuing steps are almost inevitable. First the court, then probation, more anti-social behavior or escalation of the severity of the activity--a never ending cycle--propels the youth who eventually may be committed to the Department of Youth Services for care and rehabilitation.

Once labeled as DYS youth, they are usually placed in community-based programs until they are successfully terminated, removed by their regional caseworker, or run away from the program. If youth repeatedly run away from program placements, they are referred to as "runners." Usually these youth compound their problems by getting into more trouble in the community while they are away from the housing facility without permission. If running away and getting into further difficulty in the community becomes habitual, it is evident that the system of community-based programs is not appropriate for them.

Juvenile and District Court judges feel that youth who will not benefit

from the system of community-based care can be placed in two separate categories. The first category contains those children who represent a serious threat to the security of society in general, while the second category includes those children who are a threat to their own wellbeing.

The first category contains youth who commit violent crimes against people or property--rape, murder, arson--or other offenses that if committed by an adult would result in a long sentence in a state prison. Judges in this Commonwealth agree with DYS that rehabilitation of these youth is possible within community-based programs. The courts feel, however, that none of the community programs provide the security necessary to adequately protect the lives and property of people in the community.

The second category, from the court's perspective includes those children who are a serious threat to themselves, who are self-destructive, sometimes suicidal. Although it is acknowledged that they have mental health problems, they are placed under the jurisdiction of the Department of Youth Services because they have committed some crime. The Department of Youth Services believes these children should be serviced by the Department of Mental Health. The Department of Mental Health feels that these youth are not appropriate for care in their facilities. The child is shuttled back and forth, in and out of DYS detention centers and DMH state hospitals. The Department of Mental Health does not want to deal with these youth if they are

physically abusive to others because they are not equipped to handle the violence that some of these youth are capable of. DYS is able to provide facilities for dealing with violent behavior, but they feel that the Department of Mental Health is better able to provide treatment and/or therapy. When the reluctance of either agency to claim these children reaches the point of stalemate, the courts determine which agency has the responsibility. Because of the divisiveness, the expense, and the counter-productivity of such disputes, the secondary priority of the courts, next to security, is to have programming developed so that youth in this category will have adequate programming no matter which agency provides it.

Psychiatrists at Boston's Judge Baker Clinic, who provide psychiatric evaluations of youth for DYS, have also attempted to pinpoint the characteristics of youth who are not appropriate for community-based programs because they are in need of special care. They describe such children as: (1) Highly disturbed youth whose actions may include self-destructive behavior--such as eating glass or razor blades. These children may also hallucinate; (2) Environmentally damaged, severely acting-out youth who, in many cases, appear to have no reason for their aggressive behavior. A chronic car thief who steals cars only for joyriding belongs in this category.

In a seminar held to look at the needs of highly disturbed offenders, many representatives of youth-serving agencies in DYS developed a list of characteristics that are commonly found in these children:

Institutionalization prior to the age of ten. This characteristic was considered the most important factor in damaging these children.

Highly manipulative behavior.

Extremely unstable home situations.

Unwillingness on the part of local private and public agencies to become advocates for these children.

The excessive demands of these children for attention and energy expended on the part of staffs of public and private agencies.

Frequent runs of these children from placements.

The severity of the offense was not the most important factor in determining the need for intensive care.

Often the children were racially mixed; there was a slightly higher proportion of black children.

Intelligence levels among the children varied from bright to retarded.¹

For the purposes of identification, this author will refer to these youth as intensive care youth throughout the rest of this dissertation. The name, intensive care, was adopted by the Department of Youth Services to describe the kind of care that was to be provided by programs designed especially to meet the special needs of these youth. (The name was changed toward the end of 1975 to secure treatment. It was felt that the term intensive care

¹Massachusetts Department of Youth Services, "Intensive Care Programming," by Joseph Leavey, Commissioner, Boston, June 1974, p. 9. (Mimeographed)

had a medical connotation while the secure treatment label emphasized that security was the primary concern of this particular type of program.)

According to DYS, youth are considered to need intensive care if they are dangerous to themselves and/or to the public, or are not appropriate for the existing alternatives included in the system of community based programs.

To summarize, the foregoing definitions explained in this section indicate that certain youth are not amenable to treatment in community-based programs.

This author believes that the definitions applied to these youth have stemmed from what the community-based system of care has not been able to provide in the form of services and security. The definitions also leave a great deal of room for interpretation. The ambiguity is recognized when we examine the problems characterizing these youth, ranging from hyperactivity to schizophrenia, causing behavior as minor as running away and as serious as violent assault. Labels for these youth have been chosen by examining the results of behavior rather than by scrutinizing the causes that underly their delinquent acts.

Problems Associated with Providing Services to Intensive Care Youth

Agency placements, such as foster homes, are seldom obtained for the intensive care youth and seldom are they successful. Community-based programs also have a difficult time incorporating these youth because of

high visibility of such youth's offenses and because of the propensity of some youths to run rather than deal with the stresses of problem solving. If a community-based program begins to exert sufficient pressure to alter behavior, such youths will often run rather than change. If the youth becomes involved in a serious crime in the community, there usually follows a great deal of pressure from the community to have the youth removed. Removing a youth from the community is almost never a problem. The community-based program merely terminates the youth and sends him from the program to the responsible region. Often, another community-based program is substituted but too often the results are the same.

Judges who see the same youth in the courtroom for the same offense time after time lose confidence in all community-based programs. They are fully aware that services for intensive care youths are not available in community-based programs. Even in facilities specifically designed for security purposes, the system has found it difficult to hold onto youth who are considered a threat to society. For example, youth held at the Roslindale Detention Center are usually sent there for detention, yet the escape rate from that institution, in the past, has been very high. When a youth appears before a court for an offense, the judge expects that youth to be maintained in a secure facility while awaiting disposition of the case. Judges also expect that a youth who has been committed to DYS for a violent criminal offense would receive treatment by the Department of Youth Services and would be retained to receive that treatment. Some juvenile court judges have come

to feel that DYS cannot hang on to their charges and that DYS is impotent when it comes to providing security and treatment and in protecting society from dangerous juvenile offenders.

The intensive care-secure treatment system was designed to address some of these problems. Programs were developed for the care of the most difficult youth in the State. However, intensive care youth are always very difficult youngsters to deal with and security is the priority within these units. If youth are able to escape from the facility, then the program director is usually called to account. If the agency has too many youth that run away, for whatever reason, the contract will soon be terminated. It was primarily because of the run rate from two intensive care programs that the Department of Youth Services cancelled their contracts with the agencies.

When a youth runs away from a program, especially if he might be considered dangerous, the event makes newspaper headlines and when one youth runs away, usually at least one other youth goes along. For instance, in January of 1976 a machete was smuggled into the Worcester Intensive Care facility. After a nightmare of an incident over ten of the most disturbed youth from the Worcester Program were loose in the community. Pressure began to build to fire administrators, and the program director was eventually replaced. The only reason the contract was not cancelled was because it was owned and operated by the Department of Youth Services.

Private agencies in the State are not eager to open intensive care programs because they realize that they may not be in business long. It is

very difficult to work with a population of very disturbed violent juvenile offenders and agencies that do decide to provide treatment for these youth do not go unscathed from incidents.

Finally, any program conceived to deal with intensive care youth, indeed any program designed to deal with any troubled youth, must take into account the problems that will be encountered once these youth are released from programs. These problems associated with aftercare policies can be severe and recidivism rates are high among youth who are committed to intensive care programs.

In summary, providing adequate security and treatment services for intensive care youth is a difficult task for any agency. Securing, maintaining, supporting and treating this population of youth has created problems for both state and private programs. In a period of dwindling state resources the unstated questions are: Do we invest the necessary funds to develop these high risk programs, or do we write off this group and seek other solutions? What are the true costs in terms of lost human potential, criminal property loss, and future incarceration?

Purpose of the Study

The Worcester Intensive Care Program was specifically developed for 24 youths considered to be the most hard-core offenders in the Department of Youth Services. These youth were committed to DYS by the Commonwealth of Massachusetts' court system and were referred to the program by DYS regional caseworkers for therapeutic services and supervision in a maximum security setting. The program attempted to provide a successful program model for the rehabilitation of aggressive juvenile offenders. The Worcester program, referred to as the Worcester experiment, will be studied from its inception in January 1975 until the program model was significantly changed by another DYS administration in January 1976.

The study has five objectives. Listed below, they are to:

- Present a description of the program.
- Analyze the organizational factors influencing the program.
- Analyze the program from a theoretical perspective.
- Analyze perceptions of the youth that participated in the program.
- Show where the youth are now.
- Develop recommendations for future consideration.

Design of the Study

To describe the program, the author has used information that was located in Worcester's Original Program Proposal submitted to the Law

Enforcement Assistance Administration, Quarterly Reports to DYS, State Records, the DYS evaluation of the program, and personal documents.

An analysis of the organizational factors influencing the program was achieved by reviewing each element of the organization and examining those factors the author believes had an effect on the overall program.

Analyzing the program from a theoretical perspective was accomplished after reviewing the theories of delinquency described in the review of the literature. A discussion of the implications for program development is given and the applications to the Worcester program is described.

An interview technique was used to collect the data necessary for analyzing the perceptions of youths who graduated from the program and as an instrument to find out where those youths are today. The methodology used in order to gather data from the program participants included the following steps:

Identification of the respondent group. The respondents were those youth who were placed at the Worcester Intensive Care facility for programming and who remained there for at least three months, which was the period of time it would have taken a youth to graduate from the program functions. However, youth were interviewed whether or not they graduated from the program if their stay exceeded three months.

Developing the interview schedule. The interview schedule consisted of scaled questions as well as those requiring yes/no and narrative responses. The interview schedule was designed to address the design objectives and elicit responses from youth who were formerly involved in the program.

Gathering the Data. The data were gathered by interviewing each youth selected for the study. At all times, an effort was made to interview the youth in person. However, telephone interviews were used when a youth was either out-of-state or not immediately available. Information concerning

present placements of all youth was gathered through the regional offices of the Department of Youth Services when possible.

This section of Chapter I offered a brief description of the design of the study. A more detailed account is provided in Chapter IV.

Significance of the Study

The study has potential value for private and state agencies that are interested in developing programs for intensive care youth. Information provided in the study may be useful for program development. The program model, or sections thereof, may be extracted by the reader and used without the author's permission for the purpose of program development.

Definition of Terms

Adjudication. The formal giving, pronouncing, or recording of a judgement for one side or the other in a lawsuit.

Community-based programs. Programs that exist in the community for the care, custody and treatment of juvenile offenders. These programs are an alternative to institutional custodial care.

Deinstitutionalization. The process of closing large institutions and placing youth back into the community, either in their own homes or in smaller community-based programs.

Department of Youth Services. A Massachusetts state agency that provides care, custody and supervision for youth, from age seven to seventeen, who have come into conflict with the law.

Intensive Care. The system of programs developed by the Department of Youth Services to provide services for youth needing programs that provide both physical security and psycho-social rehabilitative services.

Recidivism. Tendency to relapse into crime or anti-social behavior and reappearance before the court for the new crime.

Reintegration. The movement of a youth from a secure institution to the community. The expectation of this transition is that the youth will be able to live in that community without having to be reincarcerated as a result of committing acts that are a danger to the public or to him/herself.

Secure treatment. The intensive care term was changed in 1975 to secure treatment by the Director of Secure Treatment to provide a working label which denoted services that were being provided within the facilities. Intensive Care was thought to connote a medical model of services that were not being provided.

Organization of the Dissertation

In Chapter I of this dissertation, a statement of the problem, purpose of the study, design of the study and organization of the dissertation have been included. Chapter II discusses the review of the literature and Chapter III presents the Worcester Intensive Care Program as a model for interested human service professionals working with violent juvenile offenders. Chapter IV sets forth the design of the interview schedule and offers an analysis of the data. Chapter V contains a summary, conclusions and recommendations for change.

CHAPTER II

REVIEW OF THE LITERATURE

Introduction

This chapter examines some of the works and theories concerning criminal behavior and the phenomenon of juvenile crime in particular. The purpose will be to provide both information and historical perspective on various theories of juvenile delinquency, its causes, its manifestations, and its treatment. Some of these theories, and the social forces behind them led to the closing of training schools and the development of intensive care programs in the Commonwealth of Massachusetts. The connection between the theories presented in this chapter and the development of the Worcester Intensive Care Program shall be discussed in Chapter V.

This chapter contains five sections including Early Theories of Criminal Causation, Contemporary Theories of Delinquency, A Historical Overview of the Juvenile Justice System, and Radical Reform and the Closing of Massachusetts Reformatories.

The section describing early theories of criminal causation will explore three major theories which have attempted to explain criminal behavior. These schools of thought include the school of demonology, the classical school, and the positivist school. The section describing contemporary theories of crime and delinquency examines psychological theories, physio-

logical theories, and social theories. The section describing the history of the juvenile justice system presents a historical overview of past treatment of juvenile offenders and some of the movements which attempted to reform those systems. The final section describes the closing of the Massachusetts training schools.

Early Theories of Criminal Causation

The problems associated with youth refusing to accept the limitations imposed by their society are, seemingly, as ancient as the civilization of mankind. Theories attempting to explain and rectify the causes of crime are as old and as varied as the behavior itself. Dr. Cyril Burt once stated that trying to explain delinquency causation was "as if one should explain the Amazon in its flood by pointing to a rivulet in the distant Andes, which, as the tributary that is farthest from the final outflow, has the honor of being called the source. Dry up the rill, and the river still flows on. Its tributaries are countless, though all stream into one sea."¹ Although many theorists believe that they hold the theory which represents the source, the author feels that no one theory contains the ultimate truth.

This section of the study will describe three major theories which were widely held, in various forms, through the turn of this century. These theories

¹Dr. Cyril Burt, The Young Delinquent. (London: University of London Press, 1938), pp. 599-600.

were known as the School of Demonology, the Classical School, and the Posivist School.

Demonology

Perhaps the oldest theory consistently advanced to explain criminal behavior is the theory of evil spirits or diabolical possession of the criminal. The criminal, giving in to the temptation of evil spirits, witchcraft, or devils was led to perform criminal acts.¹ This viewpoint is known to have prevailed in primitive societies in ancient Oriental societies, in medieval Europe, and in Salem, Massachusetts.²

Since the premise of this theory of criminality is that the criminal is possessed by evil spirits causing that person to commit crime, the objective of punishment was to remove the evil spirits, to banish the criminal along with his corrupting demon, or to execute the criminal so that he or she could no longer be an instrument of the devil. The nature of punishment varied from mild to severe. In Medieval England practicing sorcery carried a sentence of 120 days in prison.³ However, as the fear of witchcraft spread, churchmen severely prosecuted innocent people who they believed to be

¹ Harry Elmer Barnes, The Story of Punishment. (Patterson Smith, Montclair, N.J., 1972), p. 1.

² Harry Elmer Barnes and Negley K. Teeters. New Horizons in Criminology, 2nd edition (Prentice Hall, Inc., Englewood Cliffs, N.J., 1952), p. 121.

³ Ralph B. Pugh. Imprisonment in Medieval England (Cambridge University Press, Cambridge, England, 1968), p. 2.

guilty of demonism. Thousands of people were tortured and executed, throughout Europe and America, because of the fear of witchcraft.¹ Today this belief is extinct in relation to explaining criminal causes.

Classical School

This school of thought, as exemplified by such theorists as Jeremy Bentham (1748-1832) or Marchese De Beccaria (1738-1794) held that the purpose of society was to ensure the greatest happiness for the greatest number of people. They assumed that mankind was composed of rational beings, who possessed free will, and were motivated by the seeking of pleasure and the avoidance of pain.² Beccaria believes that "punishments that exceed what is necessary for protection of the deposit of public security are by their nature unjust, and punishments are increasingly more just as the safety which the sovereign secures for his subjects is the more sacred and inviolable, and the liberty greater."³ Therefore, the assumption is that criminal activity and behavior could be controlled by punishment severe enough to deter the criminal act but not so that the punishment would be excessive. Since man is a hedonistic being he would be deterred from committing criminal acts by the knowledge of certain punishments. Bentham believed that people acted from "enlightened self interest."⁴ Beccaria agreed

¹Horace M. Kallen, Encyclopedia of the Social Sciences, Vol. 12. (The Macmillan Company, New York, 1934), p. 84.

²Milton G. Rector, "Crime and Delinquency," Encyclopedia of Social Work (1971), Vol. 1, p. 163.

³Cesare Beccaria. On Crimes and Punishments. Translated by Henry Paolucci (Boggs Merrill Company Inc., Indianapolis, New York), 1963, p. 13.

⁴Howard Jones, Crime and the Penal System, 2nd edition (University Tutorial Press Ltd., Clifton House, London, 1962), p. 140.

with Bentham and added that punishment should be swift, "and immediate punishment is more useful; because the smaller the interval of time between the punishment and the crime, the stronger and more lasting will be the association of the two ideas of crime and punishment."¹

The positivist school

Cesare Lombroso (1835-1909) is credited with being the founder of the positivist school of thought. As an Italian criminal anthropologist he devoted his life to developing his theories which sought biological clues to help explain criminal actions.² Lombroso, under the influence of Darwinian theories, held that the criminal was less highly developed than his fellow man.³ He felt that the criminal was atavistic, a throwback to a more primitive man, and looked for physiological differences between the criminal and the common man. After examining 5807 criminals, Lombroso generally summarized some physiological characteristics common to criminals.

In general, many criminals have outstanding ears, abundant hair, a sparse beard, enormous frontal sinuses and jaws, a square and projecting chin, broad cheekbones, frequent gestures, in fact a type resembling the Mongolian and sometimes the Negro.⁴

Abnormal brain sizes or structures were catalogued along with physical

¹James Heath, Eighteenth Century Penal Theory, (Oxford University Press, 1963), p. 120.

²Stephen Schafer, Theories in Criminology, (Random House, New York, 1969), p. 183.

³Stephen Schafer, Introduction to Criminology (Reston Publishing Co., Reston, Virginia, 1976), p. 43.

⁴Cesare Lombroso. Crime: Its Causes and Remedies. (Patterson Smith, Montclair, New Jersey) translated by Henry P. Horton-Introduction by Maurice Parmelee, Ph.D. (1968), quote in introduction, p. xvii.

characteristics, such as low foreheads, receding chins, or protruding ears.¹ Lombroso's medical background reflected his belief that while all born criminals were epileptic, not all epileptics were criminals.² Lombroso believed and attempted to prove that criminals were born and not created by the society. However, later in his writings Lombroso modified his theories to incorporate sociological factors in crime causation. The father of modern criminology, as he is referred to, was the first criminologist to use statistical methods and measurements to attempt classification of criminals.³

Included in the group of Positivists was Enrico Ferri (1856-1929), follower of Lombroso, and Raffaele Garofalo (1852-1934), an attorney and professor of criminal law. Ferri, a socialist lawyer, believed that there was a natural classification of criminals described as "criminal madmen, born criminals, criminals by contracted habits, occasional criminals, and criminals of passion."⁴ He also discussed crime causation as it related to social conditions.⁵ Garofalo, loyal to the tradition of the Positivists, is best

¹Gina Lombroso-Ferrero, Criminal Man (Patterson Smith, Montclair, New Jersey, 1972), p. 72.

²Ibid., pp. 3-24.

³Julian B. Roebuck, Criminal Typology (Charles and Thomas Publisher Springfield, Illinois, 1967), p. 32.

⁴Enrico Ferri. Criminal Sociology (D. Appleton Company, New York, 1896), Edited by W. Douglas Morrison, M.A., pp. 23-26.

⁵Ibid., pp. 61-63.

known for his theory of natural crime: "an offense against the fundamental altruistic sentiments of pity and probity in the average measure possessed by a given social group."¹ Garofalo believed that criminals incapable of adapting to the norms of society should be sentenced to death.²

Contemporary Theories of Crime Causation

Contemporary theories of crime causation tend to fall into three general categories: (1) Psychological theories tend to explain criminal behavior on the basis of an individual's emotional and psychological condition, (2) Physiological theories tend to explain such behavior as resulting from the physical constitution of the individual, and (3) Social theories tend to claim that the criminal act is the result of social forces acting upon an individual.

Psychological theories

Psychological theories attempt to understand criminal or anti-social behavior on the basis of an individual's experiences, both real and imagined, on the individual's perceptions of those experiences, and on the relationships between those internal perceptions and the individual's external activities. Psychological theories generally fall into the broad categories of psycho-

¹Quoted in Bernardo De Quiros. Modern Theories of Criminality translated by Alfonso De Salvio, Ph.D. (Little Brown and Company, Boston, Mass., 1911), p. 29.

²Ibid., p. 32.

analytical theories, cognitive theories, developmental theories and behavioral theories. This section of the paper will briefly describe the major tenets of these variant theories.

Psychoanalytic theories spring from the basic theories of Sigmund Freud (1856-1939) and have a diverse lineage which includes the distinguished works of Carl Jung (1875-1952), Harry Stack Sullivan (1892-1949), and Erich Fromm (1900-). Each of these practitioners developed theories which discussed delinquency.¹ They diverted from, yet built upon certain basic assumptions formulated by Freud. He defined instinctual and powerful drives inherent in the individual from birth and described the process of growth during which these impulses are channeled into socially acceptable forms of activity. He called these instinctual drives and impulses the id and defined the id as totally self-serving and, consequently, anti-social. However, as the individual matures, the id, as a result of perceiving reality situations, should come to be dominated by the ego, or control, and by the superego, or the regulator of that control. Both the ego and the superego operate to hold the impulses of the id in check.²

The psychoanalytic theories of delinquency would explain criminal activity as the failure of those controls to develop or to function properly.³

¹Milton G. Rector, "Crime and Delinquency." Encyclopedia of Social Work, (1975), (National Association of Social Workers, Inc., New York, New York), Vol. 1, p. 164.

²Elsie E. Robinson, Meritt Students Encyclopedia, Vol. VII (Macmillan Educational Corporation, 1974), p. 360.

³David Abrahamsen, M.D., Crime and the Human Mind (Patterson Smith Company, Montclair, N.J., 1969), pp. 59-60.

They tend to explain the continued domination of the id in terms of faulty early training or parental neglect. Typically psychoanalytical practitioners stress the significance of early experiences and development, and the importance of developing adequate impulse control.¹ They emphasize that disturbed family relationships precede and lead to delinquent behavior. This behavior, when it emerges, is viewed as symptomatic of underlying personality problems. The behavior will not cease until the underlying causes are resolved.²

Cognitive theories such as those espoused by Jean Piaget (1896-) and Lawrence Kohlberg (1927-), Professor at Harvard, emphasize the individual's interpretation of his/her cognitive response to this environment.³

Piaget refers to himself as a genetic epistemologist. Epistemology is the investigation of the nature and origin of knowledge, and genetic refers to development.⁴ He believes that gaps in the structure of the environment would permit variations in perception of and response to that environment. Cognitive theorists would agree that rules and norms delivered by the family, school, mass media and other agents of socialization develop morality within

¹Franz Alexander, M.D. and William Healy, M.D., Roots of Crime, (Alfred A. Knopf, Inc., New York, 1935), p. 5.

²Milton G. Rector, "Crime and Delinquency," Encyclopedia of Social Work, (1971), Vol. I, p. 164.

³Benjamin B. Wolman, Editor (Handbook of General Psychology, (Prentice Hall, Inc., Englewood Cliffs, N.J., 1973), p. 550.

⁴Vernon J. Nordby and Calvin S. Hall, A Guide to Psychologists and Their Concepts (W. H. Freeman & Co., San Francisco, 1974), pp. 139-140.

children.¹ Piaget believed that children's morality developed around age eight with Kohlberg, who has studied the stages of moral development in greater detail,² believes true understanding of morality develops during adolescence.³

Personal identity theory discusses adolescence as a critical developmental period, and as a period of intense striving. Erik H. Erikson (1902 -) has centered his studies on personality identity and has coined the term "identity crises."⁴ He believes that delinquent behavior can be developed from role confusion during a youth's developmental stages.⁵ "Youth after youth bewildered by his assumed role, a role forced on him by the inexorable standardization of American adolescence, runs away in one form or another: leaves schools and jobs, stays out at night, or withdraws into bizarre and inaccessible behavior."⁶ As the youth moves toward maturity and away from dependency, great demands are placed on the youth who is attempting to evolve

¹Marvin E. Wolfgang, Crime and Culture. (John Wiley and Sons, Inc., New York, 1968), pp. 104-105.

²Lawrence Kohlberg, Kelsey Kauffman, Peter Scharf, Joseph Hickey, The Just Community Approach to Corrections: A Manual, Part I. (Moral Education Research Foundation, Harvard University, 1974), pp. 1-30.

³Milton F. Shore, Psychological Theories of the Causes of Antisocial Behavior. Appeared in the journal Crime and Delinquency, October 1971, Vol. 17, p. 459.

⁴Dr. Cyril Burt, The Young Delinquent (University of London Press, London, 1938), pp. 599-600.

⁵Erik H. Erikson, Childhood and Society. (W. W. Norton and Company, Inc., New York, 1963), pp. 261-262.

⁶*Ibid.*, pp. 308-308.

and achieve his/her own identity. Experimentation and the "trying on" of a variety of roles and behaviors is typical of this period. The extremes of the roles and behaviors may be tested which may include rebellious, deviant, delinquent and self-destructive tendencies.¹ Robert Coles has poetically summarized Erikson's view of childhood as "the scene of man's beginning as man, the place where our particular virtues and vices slowly but clearly develop and makes themselves felt."²

Behavioral theories such as those advanced by workers such as Ivan Petrovich Pavlov (1849-1926), Burrhus Frederic Skinner (1904-), Edwin Ray Guthrie (1886-1959), Edward Lee Thorndike (1874-1949) and John B. Watson (1878-1958), to name only a few, have in common the central tenet that all behavior, including delinquent behavior, is learned.³ Although other theorists cited in this section on psychological theories might agree on this point, the behavioral psychologist would tend to focus attention upon the learning process itself.⁴ The concept of reinforcement, or reward, to elicit desirable behavior is central to the theory of learning. Those activities which are

¹Erik H. Erikson. Identity Youth and Crisis (W. W. Norton and Company, Inc., New York, 1968), pp. 235-236.

²Robert Coles, Erik H. Erikson: The Growth of His Work (Little Brown and Company, Boston, Mass., 1970), p. 139.

³Ronald C. Johnson and Gene R. Medinnus, Child Psychology Behavior and Development (John Wiley and Sons, New York, 1974), pp. 530-531.

⁴Leon H. Levy, Conceptions of Personality (Random House, New York 1970), p. 371.

reinforced tend to be repeated. The understanding of operant and classical conditioning concepts are necessary to develop or to modify specific behavior patterns.¹ The use of aversive (punishment) methods to modify specific undesirable behavior is a controversial issue and its efficacy, whether used alone or in conjunction with reinforcement techniques, is a matter of debate.²

Physiological theories

Physiological theories attempt to relate aberrant behavior with abnormal physical traits or to categorize physical typology with certain types of anti-social or criminal behavior.

For example, in 1965 Patricia A. Jacobs, Muriel Brunton, and Marie M. Melville published findings that 8 out of 197 inmates at a special security institution had a rare genetic abnormality. After obtaining blood samples from a group of male patients that exhibited violent or criminal behavior, it was found that an extra Y chromosome existed among 3.5 per cent of the population. The extra Y chromosome is extremely rare and it is thought that it may carry a potential for aggressive behavior. Also, observations confirmed that inmates carrying an extra Y chromosome were extremely tall and if a man in the institution were taller than 72 inches in height there was

¹C. H. Patterson, Theories of Counseling and Psychotherapy (Harper and Row Publishers, New York, 1973), pp. 79-82.

²Jeffrey M. Brandsma, Ph.D., and Leonard I. Stein, M.D., "The Use of Punishment as a Treatment Modality: A Case Report" Journal of Nervous and Mental Disease, 1973, January, Vol. 156, pp. 36-37.

approximately a one in two chance that he carried the extra Y chromosome.¹

Constitutional theories such as those espoused by Ernest Kretschmer (1888-1964), William Sheldon (1896-), Eleanor Glueck (1898-1972), and Sheldon Glueck (1896-) have emphasized the role of physique and associated temperament in the development of delinquent behavior. Kretschmer, in his early works, investigated the relationship between human form and human nature.² His later works focused on puberty crises, sexual development of children and pharmacology of constitutional types.³ Sheldon, using Kretschmer's concepts of types, used anthropometric measurements and photographs to find correlations between temperament and the constitution of an individual.⁴ In his book, Varieties of Physique, he noted that delinquent boys are sensitive and somewhat feminine with tough exterior images to gain acceptance of their peers. "The criminal escapade offers at once an identification romanticized on the pattern of Robin Hood and a chance to gain the respect of masculine contemporaries."⁵ His classification of delinquents is developed in his book Varieties of Delinquent Youth.⁶ Eleanor and Sheldon

¹Patricia A. Jacobs, Muriel Brunton and Marie M. Melville, Aggressive Behavior, Mental Sub-normality and the XYY Male Nature (A Journal of Science) December 1965, Vol. 208, pp. 1351-1352. (Published by Macmillan Journals Ltd., England)

²Ernest Kretschmer, Physique and Character (Harcourt, Brace & World, New York, 1925), p. 3.

³W. Enke, International Encyclopedia of the Social Sciences (The MacMillan Company and the Free Press, 1968), Vol. 8, pp. 450-451.

⁴Ibid., p. 451.

⁵William H. Sheldon, The Varieties of Human Physique (Harper and Brothers Publishers, New York, 1940), pp. 254-255.

⁶Sheldon Glueck and Eleanor Glueck. Unraveling Juvenile Delinquency (The Commonwealth Fund, New York, 1950), pp. 183-186.

Glueck examined the constitutions of delinquents vs. non-delinquents in a study of 500 delinquent boys. Their results showed that delinquents were superior in size when compared to non-delinquents and that delinquents lag in physical growth until about fourteen years of age.¹

Social theories

Social theories, generally, attempt to relate criminal or delinquent behavior to specific or general social forces acting upon the individual to guide or force that individual into activities which are condemned or punished by other aspects of that same society. This section of the paper will describe some of the more prevalent social theories which relate to criminal activities in general and to juvenile delinquency in particular. Some of the major social theories of delinquency to be discussed in this section of the paper include the following: the lower class structure; the opportunity structure; delinquent subcultures; differential association; the anomic theory; and economic theories.

Lower class structure theorists such as Walter Miller (1920-), believe that delinquent behavior is an attempt by the youth to achieve standards of value as defined within the individual's familiar cultural condition.² Miller claims that delinquent behavior is normal behavior for lower-class youth and a youth who violates the law does so to attain prestige within his/her reference

¹Walter B. Miller, Norm-Violating Behavior and Class Status. Juvenile Delinquency Project, National Education Association of the United States, Washington, D. C., 1960, p. 63.

²Ibid., p. 69.

Lower-class behavior patterns, which are characterized by toughness, excitement, chance-taking, indulgence, conning, autonomy and hardness, represent the real thing and are played for keeps. This behavioral patterning is rooted in the subculture and is meaningful and significant for the lower-class youngster.²

Lower class structure theorists would agree that delinquent behavior is anti-social only in the sense that it violates the norms of the middle class.³

Opportunity structure theorists such as Richard Cloward (1926-), and Lloyd Ohlin (1918-) hold that while society has cultural goals, such as education, which are generally accepted and legitimized by the American society in general, not all members of the society have equal access to the attainment of those goals. When access to the achievement of those goals is blocked, the thwarted individuals may turn to anti-social measures in order to achieve them.⁴

Committees differ in both their access to goal achievement through legitimate means and in the availability and integration of illegitimate means. The early Irish political-ward system and the early Mafia in American both developed illegal means to assure the members of their sub-cultures access to money, power, and the fruits of America. "The nature of the community's integration of legitimate and/or illegitimate means will determine the nature

¹Ibid., p. 69.

²Ibid., p. 82.

³Walter B. Miller, 'Lower Class Culture as a Generating Milieu of Gang Delinquency' in Juvenile Delinquency: A Book of Readings by Rose Giallombardo (John Wiley and Sons, Inc., New York, 1966), pp. 149-150.

⁴Richard A. Cloward and Lloyd E. Ohlin. Delinquency and Opportunity (The Free Press of Glencoe, New York, 1963), p. 98.

of the subcultural or delinquent accommodations toward goal achievement."¹

Community action programs, the infantry of the war on poverty, were, in a large measure, based upon this theory.²

Delinquent subcultures theories such as Albert Cohen (1918-) believe that delinquent subculture "takes its norms from the larger society but turns them upside down."³ These theorists would agree that the subculture exists because it is designed to oppose the norms of the larger society.⁴ Cohen uses the term "reaction formation" to describe the process by which delinquent youth become the enemy of middle class society.⁵

Differential association theorized by Edwin H. Sutherland (1883-1950) originally asserted that social groups attack various points of view to respect for the law. Whether or not an individual would become delinquent would depend on his or her personal associations and their cultural standards in relation to crime.⁶ Sutherland's theory includes seven propositions which state the basis for developing criminal behavior.⁷ Even though there has been

¹Milton G. Rector, Encyclopedia of Social Work, p. 169.

²Ibid., p. 169.

³Albert K. Cohen. Delinquent Boys. (The Free Press of Glencoe, New York, 1963), p. 28.

⁴Ibid., p. 28.

⁵Ibid., pp. 132-133.

⁶Edwin H. Sutherland, On Analyzing Crime (The University of Chicago Press, Chicago 1973), pp. xiv-xv.

⁷Edwin H. Sutherland, Principles of Criminology (J. B. Lippincott Company, 1939), p. 4-9.

a great deal of research on this theory, critics believe that it is impossible to maintain an individuals association with another and that it oversimplifies the learning process.¹

Anomic theory as expressed by Emile Durkheim (1858-1917), holds that crime is normal and "an integral part of all healthy societies."² He elaborates on this theme by stating that crime is necessary because "It is bound up with the fundamental conditions of all social life, and by the very fact it is useful, because these conditions of which it is a part are themselves indispensable to the normal evolution of morality and law."³ Durkheim, one of the founders of modern sociological theory,⁴ introduces anomic theory as the breakdown of the social milieu within the community. As the breakdown occurs individuals become liberated from "the moral authority of the community,"⁵ which results in personal disequilibrium and anti-social behavior. However, Durkheim believed that social change would only occur if people were allowed to deviate from the larger society.⁶

¹Abraham S. Blumberg, Crime and the Social Order (Alfred A. Knopf, New York, 1974), p. 12.

²Emile Durkheim "Crime as Normal Behavior" Readings in Criminology and Penology, edited by David Dressler (Columbia University Press 1964), p. 7.

³Ibid., p. 10.

⁴Talcott Parsons, Encyclopedia of the Social Sciences, Vol. 4 (The Macmillan Company and the Free Press, 1968), p. 311.

⁵Sophia M. Robinson Juvenile Delinquency (Holt, Rinehart and Winston, Inc., New York, 1960), pp. 96-97.

⁶Martin R. Haskell and Lewis Yablonski, Crime and Delinquency (Rand McNally & Company, Chicago, 1970), pp. 353-354.

Economic theories which attempt to explain delinquency and criminal activities by examining the economic conditions that exist in our society, developed from the nineteenth century economic view of society. Karl Marx (1818-1933) stated that "every system of production (e.g., the feudal, the capitalistic, etc.) has the crimes it deserves."¹ This statement suggests that crime is created by our capitalistic society therefore we deserve the criminality which we breed. More directly, F. Turati (1857-1932) believed that "it is not only necessity and destitution, but also covetousness which has a close connection with the present economic system that leads to economic crime."² In a variation on this theme, Jackson Toby (1925 -) believes that poverty alone does not create delinquency but that resentment to surrounding affluence does.³

Historical Overview of the Juvenile Justice System

This section of the review will present a brief historical overview of the juvenile justice system as it emerged in the Commonwealth of Massachusetts. This section will describe factors which favored the growth of juvenile delinquency, the various early juvenile reform movements in America, the failure of those early reforms, Supreme Court intervention, and radical reform in Massachusetts.

¹Dr. W. A. Bonger, An Introduction to Criminality (Methuen & Co., Ltd., London, 1936), pp. 81-82.

²Ibid., p. 82.

³Milton G. Rector Encyclopedia of Social Work (1971), Vol. I, p. 170.

The need for reform in early America

With the birth and rise of the industrial revolution in eighteenth century England, family life, especially in the rural areas became increasingly marked by conditions of poverty and hardship. Families migrated to the cities seeking refuge from rural economic problems and met, instead, a host of new urban problems.

Many thousands of us which here before lived honestly upon our sore labor and travail, bringing up our children in the exercise of honest labor, are now constrained some to beg, some to borrow, and some to rob and steal. And that which is most like to grow to inconvenience, we are constrained to suffer our children to spend the flower of their youth in idleness, bringing them up to bare beggar' packs, or else, if they be sturdy, to stuff prisons, and garnish gallow trees.¹

Harsh economic conditions generally lead to an out-migration of a population when another area is willing to accept that population. The colonies in general and New England in particular provided such an escape mechanism. However, the same economic, industrial, and urban forces were at work in the new world. The first contact of the immigrants with the new world was the cities where an ever increasing horde of immigrants clustered. These cities, too, soon became breeding grounds for delinquent youth. In 1821 a Boston Commission described the behavior of children who were

¹A supplication of the Poore Commons, in *Four Supplications 1529-1553*, ed. Fumival and Cowper (1971), 79; quoted in Ivy Pinchbeck and Margaret Hewitt, *Children in English Society*, I (London, Routledge Kegan Paul, 1969), p. 93. Tertiary Source: Herman Schwendiger and Julia R. Schwendiger, "Delinquency and the Collective Varieties of Youth," *Crime and Social Justice* (Spring and Summer, 1976), p. 11.

. . . begging in the street, or haunting our wharves, market places, sometimes under the pretence of employment, at others for the purpose of watching for occasions to pilfer small articles, and thus beginning a system of petty stealing; which terminates often in the gaol; often in the penitentiary; and not seldom, at the gallows.¹

The poor economic conditions of these European immigrant families worsened as slum communities expanded. Children "did the petty work of the city, rag picking, bone gathering, selling chips, peddling, by the thousands, radishes, strawberries, and fruit through every street."² Children were being exploited as a cheap segment of the labor force.

Economic expansion during the early nineteenth century and the movement of industrialization created further exploitations of youth. Children became wage laborers and a classified part of the factory system.³

As the factory system replaced the earlier systems of cottage industries and apprentice systems youth labor became a commodity, and the youth was impersonally separated, for the majority of his waking hours, from the influence of or even the company of his family.

Between 1809 and 1816 southern Massachusetts, Rhode Island and eastern Connecticut utilized mostly women and children in their cotton mills. During the later part of this period there were 100,000 people employed

¹Report of the Committee on the Subject of Pauperism and a House of Industry in the Town of Boston (Boston, 1821). Part of this document is reprinted in Children and Youth in America, A Documentary History, I, ed. Robert H. Bremner (Cambridge, Mass.: Harvard University Press 1970), p. 753. Tertiary source: Schwendiger and Schwendiger.

²"Walks Among the New York Poor: Emigrant and Emigrants' Children," New York Daily Times, June 28, 1853. Reprinted in Bremner, 753-754. Tertiary source: Schwendiger and Schwendiger, p. 12.

³Bremner, pp. 145-149.

at these mills. Of this figure, 240,000 were adolescent boys (under 17 years of age) and 66,000 were women and girls.¹

Industrialists' concerns were focused on profit return. As profits were harvested, machines that could do the work more quickly than people were purchased. In this manner, the industrialists were able to compete for a larger share of the market.

The results of machine technology are commonly known. Children and adults who were unemployed by this process were referred to as "the relative surplus population" by Karl Marx. All children were not put out of work because of machine technology, but those that were added to the ranks of youth already involved in petty thievery and idleness.

In summary, Julia Lathrop wrote, "we take the sturdiest of European peasantry and at once destroy in a large measure its power to rear to decent livelihood the first generation of offspring upon our soil."²

Although the situation described above has not been specifically described in a theoretical context of delinquency, it seems obvious that the probability of delinquent behavior was enhanced during this early period of capitalism's growth in America due to both the conditions of urban poverty and the condition of harsh, menial, and non-secure labor in industry. The harshness of this segment of American labor history is attested to by the fact that even during this period of seemingly limitless expansion there were

¹Bremner, p. 146.

²Julia Lathrop "The Development of the Probation System in a Large City," XIII Charities (January 1905), p. 348, quoted in Anthony Platt, "The Rise of the Child Saving Movement: A Study in Social Policy and Correctional Reform," Criminal Justice Series (St. Paul: West Publishing Co., 1974), p. 128.

attempts to reform certain aspects of the system.

Juvenile reform movements in early America

In response to the increasingly unsavory conditions of both poverty and labor, and in response to the effects of those conditions upon the children, various reforms were associated with the mid-nineteenth century, eventually causing both the development of juvenile courts and the development of institutions.

The child-saving movement began in the mid-nineteenth century and from this movement emerged the modern conception of delinquency control. This movement helped create the Juvenile Court system and a system of correctional institutions, training schools, and/or reformatories.

In the 1880's and 1890's the child-saving movement focused on the ills of city life for children. Women, it was agreed, were the most suitable group to handle the problems of youth. It was the job of women to bring up children. Therefore, working with "law breaking" youth was only an extension of what they had already been socialized to do in the home. Because of this, the child-saving movement was not seen as a part of the suffragette or any other feminist movement.

A major concern of the child-saving movement was proper socialization of young children. Parental authority, faith in traditional institutions, and education were emphasized. These concerns led to a belief that virtually every aspect of a child's life had to be controlled or supervised. Children had to be

monitored during leisure time and recreational activities. The child had to be saved from liquor, tobacco, pomography or any other vice that may have taken away their innocence.¹

Thus in the child-saving movement, predominantly influenced by women, children were inculcated with values and principles designed to protect the nuclear family and the social order.

Juvenile courts were established by the child-saving movement as a means of recognizing and controlling youthful acting-out. This particular development was a most significant contribution to the field of delinquency. The juvenile court system was designed to take adolescents from criminal law proceedings and create rehabilitative programming for them. Services were to be given, not only to the delinquent child, but to the neglected and dependent child as well.

Charles Chute, supporter of the movement stated:

No single event has contributed more to the welfare of children and their families. It revolutionized the treatment of delinquent and neglected children and led to the passage of similar laws throughout the world.²

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Anthony Platt, "The Rise of the Child Saving Movement: A study in Social Policy and Correctional Reform," Criminal Justice Series (St. Paul: West Publishing Company, 1974), p. 124.

²

Charles L. Chute, "The Juvenile Court in Retrospect," 13 Federal Probation (September, 1949), p. 7, quoted in Anthony Platt, "The Rise of the Child-Saving Movement: A Study in Social Policy and Correctional Reform," Criminal Justice Series (St. Paul: West Publishing Company, 1974), p. 128.

Juvenile Court was created by legal statute to define the type of legal intervention to take place with a youth. The concept of "parens patriae" was adopted by the juvenile court.

The doctrine of parens patriae is said to have originated in England in the seventeenth century. It is generally explained by being derived from the Sovereign's prerogative in protecting his subjects unable to protect themselves, that is, mental incompetents and infants.¹

This gave the courts a great deal of discretion in handling the affairs of juvenile offenders. Therefore, Juvenile Court proceedings were informal, private, and without the stigma of the criminal trial process. However, this meant that the due process rights that were afforded to adults would not be given to juveniles. Instead of referring to juvenile proceedings as criminal they were defined by statute as civil. This same designation is still in use today.

It is difficult to talk about juvenile court without discussing Jane Addams who was instrumental in starting the first juvenile court for Cook County, Illinois in 1899. Before Addams' reform movement, children that were arrested were punished, tried and sentenced as adults. Jane Addams, with a great deal of support, was able to change the system to one which kept in mind the rights and interests of the juvenile.² Addams believed that there were three main causes of delinquency: (1) the child's parents, (2) adult victimization of

¹ Sanford N. Katz, The Law's Response to Family Breakdown (Boston, Beacon Press, 1971), p. 17.

² Allen F. David, American Heroine: The Life and Legend of Jane Addams, (New York: Oxford University Press, 1973), p. 150.

youth, and (3) ignorant citizens. As she wrote:

A certain number of the outrages upon the spirit of youth may be traced to degenerate or careless parents who totally neglect their responsibilities; a certain other large number of wrongs are due to sordid men and women who deliberately use the legitimate pleasure-seeking of young people as lures into vice. There remains, however, a third very large class of offenses for which the community as a whole must be held responsible. . . This class of offenses is traceable to a dense ignorance on the part of the average citizen as the requirements of youth.¹

Reformatories appeared in the middle of the nineteenth century.

This system, which was designed specifically for adolescents, was an attempt to prove that delinquent youth were able to be changed into constructive citizens.

The reformatory system was based on indeterminate sentencing. In other words, the amount of time that youth were incarcerated for was not fixed. A juvenile offender could stay in a reformatory for a number of years. Also, the reformatory system refused to recognize punishment as the basic model by which the youth were to be rehabilitated.

Reformatory administrators that were determined to change the lives of these youth designed programs within the institutions that they felt would re-socialize the children. A statement by the Congress about delinquent children, under the age of twelve, sums up the type of programming that they felt was necessary to achieve changes in delinquent adolescents:

¹
Jane Addams, The Spirit of Youth and the City Streets (Chicago: University of Illinois Press, 1972), p. 51.

Should always be sent to institutions of preservation and unworthy parents must be deprived of the right to bear children. . . The preponderant place in rational physical training should be given to manual labor, and particularly to agricultural labor in the open air, for both sexes.¹

Agriculture labor was provided for the youth by developing institutions in the countryside. Lyman School, the first reformatory in the United States, is located in Westboro, Massachusetts. The institution, to this day, is located in a countryside community. However, locating institutions in the countryside served another end. The countryside naturalness was supposed to have a regenerative effect on the young.

Reformatories and their underlying philosophies spread quickly through the United States. However, there were many problems that faced the institutions. Although an analysis of these problems shall be discussed later in this review, it is important to convey to the reader that even though the philosophies were designed to help rehabilitate children, the realities of institutionalization fell far short of the child-savers' goals.

Early Reform Failure and Supreme Court Intervention

Early reform movements attempted to shield juvenile offenders from the adverse consequences of being treated as criminals under the concept of

¹ Negley K. Teeters, Deliberations of the International Penal and Penitentiary Congress (Philadelphia: Temple University Book Store, 1949), pp. 97-102, quoted in Anthony Platt, "The Rise of the Child-Saving Movement: A Study in Social Policy and Correctional Reform," Criminal Justice Series (St. Paul: West Publishing Company, 1974), p. 134.

parens patriae which started in England.¹ The legal proceedings against children were mandated by statute not to be criminal in nature. A Massachusetts statute clearly states that delinquency laws

shall be liberally construed so that the care, custody and discipline of the children brought before the court shall approximate as nearly as possible that which they should receive from their parents, and that, as far as practicable, they shall be treated, not as criminals, but as children in need of aid, encouragement and guidance. Proceedings against children under said sections shall not be deemed criminal proceedings.²

These words amount to empty rhetoric when one looks at the abuses of juvenile rights and justice that is prevalent in our juvenile courts. One need not search far to find that the shield to protect youth became the same shield to violate the rights of juveniles.³

Before Supreme Court intervention a seriously disturbed juvenile offender could have been tried as an adult in criminal court without first being entitled to a hearing on the matter.⁴ Judges were allowed to use total discretion in determining whether or not the age of the juvenile should be waived. Children could be placed in institutions for years without the advantages of cross-examining witnesses, the right against self-incrimination, the right

¹Paul H. Hahn. The Juvenile Offender and the Law (The W. H. Anderson Company, Cincinnati, Ohio, 1971), pp. 266-268.

²Liberal Construction: Nature of Proceedings, Massachusetts General Laws, Chapter 119, section 53.

³Hahn, The Juvenile Offender and the Law, p. 306.

⁴David L. Bazelon. "Justice for Juveniles." Appeared in New Light on Juvenile Delinquency edited by Ronald Steel (The H. W. Wilson Company, New York, 1967), p. 188, volume 39.

to counsel, to notice of charges or to any other due process rights that adults enjoyed.¹ The list of injustices is long and does not stop with these few examples. However, it does relate that the child-saving movement was unable to predict abuses or prevent them. Justice Fortas delivering his opinion in the Kent case stated that:

The child receives the worst of both worlds; that the child gets neither the protection accorded to adults nor the solicitous care and regenerative treatment postulated for children.²

Arguments can be given that juveniles do not need rights because juvenile court judges serve to protect and act in the best interests of the children that come before the court. This philosophy, on paper, serves to raise several issues. The statement assumes that juvenile judges are intelligent, unbiased, fair, and concerned. The following quote, although lengthy, is an exaggerated example of a juvenile court judge in action, who shows that not all judges measure up to standards of fair practice. In the words of a judge to a juvenile before the court:

Well, probably she will have half a dozen children and three or four marriages, before she is eighteen. The county will have to take care of you. You are not particularly good to anybody. We ought to send you out of the country--send you back to Mexico. You belong in the prison for the rest of your life for doing things of this kind. You ought to commit suicide. That's what I think of people of this kind. You are lower than animals and haven't the right to live in organized society--just miserable, lousy, rotten people.

¹ Gault vs. Arizona, 99 Arizona 181, p. 2d 760.

² Kent vs. United States, 383 U.S. 541, (1966).

There is nothing we can do with you. You expect the country to take care of you. Maybe Hitler was right. The animals in society probably ought to be destroyed because they have no right to live among human beings.¹

Although this example is rather extreme, it helps one to rationalize Supreme Court intervention. If a juvenile court judge is capable of making a statement supporting genocide, it then becomes a question as to whether or not the juvenile is receiving justice.

There are several Supreme Court cases which gave juveniles due process rights. Comprehensively examining each case is beyond the scope of this thesis. However, a list of those cases that are most important and a brief description of the rights they gave to all juveniles follows:

Kent vs. United States--In this case, proceedings were developed for waiving jurisdiction by the juvenile court to the adult court. This transferring process for those youth who are accused of serious crimes, must meet the legal standards of due process and fair treatment. The youth is entitled to a hearing and legal counsel.²

In re Gault--In this case procedures were developed for protecting the rights of a youth who was sent to a reformatory for several years for making lewd telephone calls. All juveniles now have the right to a notice of the charges, right to counsel, right to confront and cross-examine witnesses and the privilege against self-incrimination. This case also gave Miranda warnings to juveniles upon their arrest.³

¹ In the matter of a juvenile, California Superior Court, Santa Clara County, Juvenile Division, September 2, 1969, quoted in Sanford Katz, The Laws Response to Family Breakdown (Boston, Beacon Press, 1971), pp. 63-64.

² Kent vs. United States, 383 U.S. 541 (1966).

³ In re Gault, 387 U.S. 1 (1967).

In re Winship--When any juvenile is charged with a crime which would constitute a crime if it were committed by an adult, the Supreme Court has ruled that the crime must be proved beyond a reasonable doubt.¹

McKeiver vs. Pennsylvania--This precedent setting case was brought before the Supreme Court on the question of whether or not juveniles should receive jury trials under the due process clause of the Fourteenth Amendment of the Constitution. The Supreme Court found that jury trials did not apply to juvenile offenders because the nature of juvenile proceedings are intended to be civil and not criminal. Although the Supreme Court appeared to be directing State juvenile courts toward criminalizing juvenile proceedings with the earlier cases for Kent, Gault and Winship, this case marked the end of turning juvenile proceedings into criminal trials and adversary proceedings.²

Breed vs. Jones--This case specifically applies to juvenile offenders that are transferred from the juvenile court to the adult court for criminal prosecution. The double jeopardy clause in the Fifth and Fourteenth Amendments of the Constitution were found to apply to juvenile offenders involved in the court process. The courts must now decide to transfer a youth before evidence involving the case is heard. Due to this case, a juvenile has protection from being found delinquent in juvenile court and then suffering through another hearing in the adult court.³

Nelson vs. Heyne--This was a class action suit brought against an Indiana Boys School, under the jurisdiction of the State of Indiana, by attorneys representing the boys. This case was instrumental in opening the question of what constitutes treatment and rehabilitation. The court ruled that abusive treatment such as corporal punishment and tranquilizing drugs were not a form of treatment as they were being administered at the institution. Also, the court held that the youth at the facility were not given rehabilitative treatment as required by the Eighth and Fourteenth Amendment.⁴

¹In re Winship, 397 U.S. 358, (1970).

²McKeiver vs. Pennsylvania, 403 U.S. 538 (1971).

³Breed vs. Jones, 421 U.S. 519 (1975).

⁴Nelson vs. Heyne, 491 F2d.352 (7th Cir. 1974).

The Supreme Court has had a profound impact on the juvenile court by these mandates. Many people have argued that they are attempting to criminalize the juvenile system while others believe that the changes were necessary whether or not they add an adversary air to the proceedings. It is impossible to measure the total effect that these changes have had on the juvenile justice system, or whether they were good or bad. The success of the system will depend on justice no matter who delivers it.¹

Radical Reform in Massachusetts

Radical reform in Massachusetts refers to the closing of juvenile institutions commonly called training schools or reformatories. The reasons for the closing of the institutions stemmed from both political and social pressures. An article published by Ohlin, Coates and Miller describes three major sources for the closing of the antiquated facilities. They are as follows:²

- 1) High recidivism rates were attributed to youths who graduated from the training schools. Sheldon and Eleanor Glueck offered evidence which demonstrated that rates of arrest were higher among youths who had been placed in training schools.
- 2) A belief that therapy and counseling in community based settings was more humane than the stigmatizing effects on youth in training schools. Studies showed that training schools were the middle-class answer to controlling lower-class offenders.

¹ Abe Fortas. "Equal Rights for Whom," New York University Law Review Volume 42, Number 3, May 1967, p. 408.

² Lloyd Ohlin, Robert Coates, and Alden Miller, "Radical Correctional Reform: A Case Study of the Massachusetts Youth Correctional System," Harvard Educational Review, XLIV, No. 1 (1974), pp. 75-77.

3) The final criticism involved the civil rights of children. Since *In re Gault*, the rights and treatment of juveniles have been closely scrutinized. Issues such as the right to treatment have been explored through the courts. Therefore, the concepts and practices of the institutions were called into question.

In the Massachusetts training schools there were many allegations that children were being physically abused and severely punished by institutional staff members.¹ Jerome Miller, then the Commissioner of the Department of Youth Services, believed the allegations of brutality and felt that training schools were a relic of the past which accomplished nothing for youth and should be closed.² Francis Sargent, who appointed Miller, was the Governor of Massachusetts when Miller was considering closing the training schools. Sargent agreed with Miller and felt that the institutions were punitive and dehumanizing which treated the social problems of children as crimes.³ During the winter of 1971-72, the Department of Youth Services was able to close the remaining institutions in Massachusetts. Their closing represented a radical change in the philosophy of providing and delivering services to juvenile offenders in Massachusetts. The philosophy shifted, in a very brief period, from custodial servicing of youth in institutions to rehabilitating youthful offenders by using a system of community-based programs. However, programs in the community were developed before financial resources were allocated and Miller was criticized for this approach.

¹"Close 'em Down," Springfield Union, February 11, 1972.

²"The Abuse of Children," Boston Globe, January 24, 1972.

³James B. Ayres, "Sargent Proposes to Close Youth Jails," Boston Globe, February 18, 1972.

No phase of Miller's administration has come under more criticism than his decision to initiate new programs before the resources to back them up were in hand.¹

Thus Miller and his administration were investigated and charged with fiscal mismanagement and administrative incompetence and eventually Miller left the State and was replaced by Joseph Leavy who became the Commissioner of D. Y. S. in January 1973.

Today community-based programs are still operating and the training schools have not re-opened in Massachusetts. It is too soon to tell if the new system is more effective than the old one but juvenile justice professionals agree that the community-based system of care has a greater potential for providing services to youthful juvenile offenders than the institutions.

In summary, this chapter examines early theories of criminal causation and juvenile crime specifically. Focusing on the juvenile offender, causes of delinquency and criminal behavior were reviewed. Also, the juvenile justice system was discussed from a historical perspective which included information on early reforms such as the child-saving movement, the opening of institutions for juvenile offenders, and the development of juvenile courts. Finally, this chapter closes with a brief discussion about the closing of the major institutions for adjudicated juvenile offenders in the State of Massachusetts which set the stage for the development of intensive care programming.

¹Robert B. Coates, Alden D. Miller and Lloyd E. Ohlin, "A Strategic Innovation in the Process of Deinstitutionalization: The University of Massachusetts Conference," quoted in Yitzak Bakal, Closing Correctional Institutions: New Strategies for Youth Services (Leominster, Massachusetts: The Village Press, 1972), p. 101.

C H A P T E R I I I

THE PROGRAM

Introduction

This chapter presents background information on the intensive care system, a detailed description of the Worcester Intensive Care Program, an analysis of organizational factors influencing the program and an analysis of the theories that were implicit or explicit in the development of the Worcester program.

Background information has been included to show the reader that the Worcester program did not exist alone but was part of a broader system of programs that influenced and shaped the development of the Worcester program.

A description of the Worcester program details the facilities, the admissions process, programming and termination procedures.

An analysis of the organizational factors influencing the program has been included to give the reader a sense of the organizational factors that hindered both the development and stabilization of the program and the growth of the individual youth.

Finally, the theories discussed in Chapter II will be connected to the Worcester program specifically. The theories were examined after the

development of the Worcester program, not before. This section is retrospective in that the author has attempted to explain the theoretical base that supported the Worcester program from a historical perspective.

Background Information on the Intensive Care System

When youth are committed by the courts to the Department of Youth Services, the regional offices exercise their authority by placing youth in a variety of community-based programs that are operated by both public and private agencies in Massachusetts. Among those services provided by DYS as a state agency and by other agencies from the private sector are intensive care programs which were designed to serve the needs of youth for whom community-based programs would be inappropriate.

The first intensive care program in Massachusetts was developed at the Westfield Detention Center in July 1974. The contract to operate the program was given to Liberty Street Associates and funding came from both the Department of Youth Services and the Law Enforcement Assistance Administration. The model for the Westfield program was based on behavior modification techniques modified for and applied to the youths in the facility. Problems in the program emerged because some youths were unable to live up to the expectations of the program's model and would run away when they were trusted on group outings or similar affairs. Westfield administrators felt that trust was more important than security if rehabilitation was to be

achieved. This meant that risks had to be taken. They approached problems in a manner they considered to be most beneficial to the youth and often ignored the regional mandates to the program. For example, the region would state that a youth who was bound-over to Superior Court for trial was not to leave the building unsupervised, but if the counselor working with the youth felt that it was in the youth's best interest, the youth was allowed to leave the building no matter what the region dictated. As a result, resentments and conflicts were created between the program and the regional offices. The regions accused the program of ineffectiveness when youth ran away. The program countered by accusing the regional offices of not caring about rehabilitation, and of wishing merely to keep the youth secure and off the streets. However, when youth ran away or escaped from the facility they usually returned to their home communities and into further legal difficulty. Although there were many other problems at the Westfield Intensive Care Program no single factor can be blamed for its closing. One year from the start of the program, DYS terminated its contract with Liberty Street, and the facility was again taken over by the state and turned back into a place of detention for youthful offenders. The treatment experiment had failed at the facility.

The second Intensive Care Unit to open was the Andros Program located in the Roslindale Detention Center. Again, the same kinds of experiences were shared with this program as were being experienced at Westfield. The opening

of Andros came approximately 15 days after the opening of Westfield. One reason that Andros seemed to have fewer problems was that it had to deal with a population of only twelve youth instead of twenty-four which was the number of youth in Westfield.

The next program to open was the Worcester Intensive Care Unit which began operation in January of 1975. Three more programs soon evolved as treatment units throughout the state. DARE (Dynamic Action Residential Action Experience), which opened its doors in February 1975, ACID (Adolescent Counseling and Individual Development), which opened in March 1975, and GBYMCA (Greater Boston YMCA) the last program, opened in March 1976. Three intensive care units exist today, Worcester, DARE and GBYMCA. ACID and Westfield were closed for security reasons.

The Westfield, Andros and ACID programs were important to the development of the Worcester Intensive Care Program. Their histories helped shape the Worcester project which started six months after the opening of the Westfield program. The author realized that trust was a necessary ingredient in rehabilitating youth but that it had many costs. If a program trusted youth outside the facility and too many ran away, the director would eventually lose his job. Therefore, youth at the Worcester program were trusted less and security became the main priority of the program.

Description of the Worcester Intensive Care Program

Adolescents sent to the Worcester Program continually failed in community-based placements and/or private schools. Running away from their placements was a common characteristic of all the youths referred to the unit. Although some of the youths had serious psychological problems they all tended to evade decisions and were unable, at the time of admissions, to develop a sense of responsibility or any type of positive self-conception. The general objective and goal of Worcester was to offer long-term placement and treatment for 24 youths (8 females, 16 males) who had failed to adjust to community-based programs. The focus of the treatment program was to prepare youth for community-based programs or successful reintegration into their home communities. The following pages offer the reader a detailed account of the Worcester Intensive Care Program.

The Facilities for the Worcester Intensive Care Program

The dorm areas at Worcester were large but very noisy and all the bedrooms were connected to the main dorms. The bedrooms were small and did not meet the guidelines set up by the Office for Children. However, the youth were allowed to decorate them as they wished. The dormitory areas, which were located on ground level, had access to the outside but the doors remained locked at all times. Also on ground level, was the area known as the security wing. This area was used to isolate youth that violently acted out,

that is, they started fights with either other program youth or staff. The area contained several rooms and one isolation cell, the most secure room in the building. There was virtually no way out of the room once someone was locked in. Wire mesh screening was placed over the windows along with bars that were constructed of flat steel. A bed was placed on one side of the small room and was firmly cemented to the concrete foundation.

There were three offices immediately to the left and a control room directly in front of the main foyer. The control room contained the lighting system for the rooms and an alarm system. Though somewhat antiquated, the alarm system alerted the people in the control room when a youth left one of the bedrooms. The system was used only at night when the staff was reduced and the mechanical means of control was necessary for security. On the lower level of the building were the school rooms, clinical offices, kitchen area, dining hall, and an area used for recreation. The educational facilities of the building consisted of one small room crammed with books. More than five youths in this one room at the same time made learning an impossibility. The atmosphere in the classroom was dull because of poor ventilation. The kitchen area was attractively painted and aesthetically pleasing. Most of the food, however, had to be prepared nearby at Worcester State Hospital and sent to the facility because of budget restrictions. Although the youth were given nutritional meals, they complained about the palatability of the food. The area that was used for recreation was large enough to have

a pool table and an area for ping-pong. This room was extremely noisy because it was, literally, a cement shell. On the outside of the building was the basketball area along with a large combination football/baseball field. Both areas were surrounded by a ten-foot, chain-link fence. At the top was barbed wire to deter youths from climbing over.

The recreational facilities at Worcester were adequate for short-term detention youth but were inadequate for youth who were kept there for long periods of time. Without proper facilities it became difficult for youth to release energy in positive ways. Playing cards was not a sufficient energy release for the program youth and many staff complained about the lack of an inside gym.

Admissions

The admissions process to the Worcester Intensive Care Program was the same as it was for the other Intensive Care programs. Youth were referred to the program by the Intensive Care Team, which met once weekly to determine whether or not a youth was acceptable for intensive care. The team was comprised of regional representatives, the Director of Intensive Care, the Assistant Director of Intensive Care and intensive care program representatives. These people met each Wednesday either at the programs or the Central DYS office located in Boston, Massachusetts. During the meeting the regional caseworkers would present the case of a youth from their region they wished to get into the intensive care system. The criteria for entrance of a

youth into the intensive care system consisted of three major determinants that included:

- Was the youth a danger to the public?
- Was the youth a danger to him/her self?
- Was there no other acceptable placement alternative?

A vote determined whether or not a youth was acceptable. A simply majority of the team ruled. When a youth was accepted there was a short discussion about which program he would be placed in. Youth that needed the most physical security were placed at Worcester because the facility was very secure and had a reputation for keeping youths from running away. The Worcester program had virtually no say over which youth came into the program and youth were placed there more for security reasons than for treatment. Admissions at the facility occurred after the intensive care meeting, usually a day or two later. A youth would arrive at the unit, usually in handcuffs, with a file which was required to contain medical information, a social history, an up-to-date psychological evaluation, court record, placement history, and other information which was to be used by the staff in designing an individual treatment plan for each youth.

Programming

Because the needs of each youth were not exclusively defined, it was important to design a flexible program that could address the overall needs of each youth. This section describes the function and purpose of programming at the Worcester Intensive Care program.

The Daily Schedule (Chart I) describes the general time-blocks which operated Monday through Friday of each week. Although the daily schedule went through several revisions--they were minor and do not need to be presented here. However, a total of eleven hours per day was used as scheduling time. This time was broken down into a block system. The purpose of the system was to schedule each and every hour of the day so that a youth would know exactly what was to take place at any given time. The time for a given function was inflexible but flexibility of programming was stressed even though the time frames were rigid. For instance, it was mandatory for a youth to be in school from 1:00-2:00 p.m. daily but the educational director used the time to stimulate learning by developing and teaching a curriculum that youth were interested in pursuing. An explanation of the chart and activities used for scheduling time are as follows:

1. Wake up--was at 8:00 in the morning. Youth were expected to get up--and get ready for the activities of the day. This part of the day for the first-shift staff (7:00 a.m.-3:00 p.m.) was not the most pleasant task of the morning. Many youth were difficult to wake-up and refused to get out of bed. All staff were gentle with the youth and persisted until they joined the rest of the youth for breakfast.
2. Breakfast--was prepared each day by the cook or one of the women staff willing to do the chore. Breakfast was served at 8:30 a.m. each morning Monday through Friday. However, the weekend schedule was designed more flexibly and breakfast was served later to accommodate youths who wished to sleep longer. The menu varied each day and was nutritional and appealing. Everything from eggs and bacon to boxed cereal was available for consumption.

CHART I

DAILY SCHEDULE--BLOCK SYSTEM

8:00	WAKE-UP
8:30	BREAKFAST
9:00	CLEAN-UP
10:00	EDUCATION I
11:00	EDUCATION II
12:00	LUNCH
1:00	EDUCATION III
2:00- 3:00	GROUP A - RECREATION B
3:30- 4:30	GROUP B - RECREATION A
5:00	DINNER
6:00	SEMINAR
7:00	RECREATION
8:00	SHOWERS
9:00- 10:45	FREE TIME
11:00	BED TIME

3. Clean-up--was after breakfast and all youth were expected to clean their rooms and participate in a general clean up of the building. Duties were assigned to individual youth by the staff. Many problems were encountered around the assignment of duties and any youth who did not participate in the activities had privileges removed or were not given their points for the morning. (The point system will be discussed later in this chapter.) Creative methods were devised to help staff deal with the problems of clean-up. One such method employed was to allow the youth themselves to set up a system to decide who was responsible for certain chores. However, the democratic process created problems and the staff abandoned the method and used a more authoritative approach.
4. Education I, II and III--was developed for the youth that participated in the intensive care program. The educational director evaluated and devised proper educational programming for each youth in the program. Professional teachers, graduate students, federally funded Title I staff and volunteers were among those who implemented this program.

Each youth after being admitted to the program was given a pre-test to find out where he or she stood academically. After the pre-test the youth started the academic phase of the program. Most of the tutoring and classes were individualized. An attempt was made to have classes that included a number of youth but the population was too diverse in educational levels. For instance, some youth were not able to read while others read at a high school level. The majority of Worcester youth fell somewhere between the two extremes. Math, reading, literature, grammar, and other basic skills were taught. Other youth worked on the high school equivalency program. The educational programs operated with three people including: an educational director who worked full time and was paid through the Department of Youth Services, a full-time teacher who was loaned to the program by the Worcester Public School system, and a part-time teacher who was paid through Title I and worked only at the Worcester Intensive Care Unit. Title I, a federally funded program, supplied money to the Department of Youth Services through a grant. Many programs operated by DYS including all the other Intensive Care programs utilized Title I services. The main focus of the Title I grant was to supply supplementary services to existing educational programs. Title I also sponsored seven part-time teachers (the Guild Players) who were a traveling theater company that put on plays and major

productions for the public using the talents of youthful offenders. For several months this dedicated supplementary staff worked with the youth in Worcester to put on the stage play "In Cold Blood." Some residents in the program studied lines and rehearsed their parts while others designed costumes or set up and designed props. The culmination of the months of hard work ended in a two-evening performance of the play in a Harvard Square Playhouse. If we remember that Worcester was a maximum security institution for twenty-four of the most difficult youth in DYS it is remarkable that there was not a single behavior problem in the entire time that the Guild players were at the Worcester unit. Title I enhanced the educational program and taught us all that there were many creative ways to teach reading and motivate youth. The whole experience was beneficial to both youth and staff of the institution.

The educational blocks of time were divided into Education I, II and III. Education I and II were designed to give youth remedial tutoring in areas where they were below grade level. Each block of time was fifty minutes long and the remaining ten minutes of the hour were used as break time. After the break Education II, which was simply more of what had gone on in Education I, began and lasted another fifty minutes. The teachers, along with their teaching responsibilities, were also responsible for the behavior of the youth while they were in class. Acting out was not often a problem while the youth were in school but occasional problems developed and youth would run from the class frustrated by the work or would engage in physical confrontations with other students.

Education III, which came after the lunch break (see Chart VI), was designed more toward arts and crafts than education in the traditional sense. Projects were developed that involved reading and simple math. Teachers worked with the youth designing various leather products, i.e., belts, wrist bands, and rings. Also, art lessons, poetry, paper mache projects and piano lessons were available to the youth. The educational program operated Monday through Friday every week.

5. Lunch--lasted for an hour and, as mentioned earlier, was prepared by the State Hospital one quarter mile from the Worcester facility. It was much cheaper for DYS to buy prepared food from the Worcester State Hospital than to allow the Intensive Care Unit to hire two cooks. Although there was plenty of food, many complaints and criticisms came from those who ate it, a common reaction to institutional food.

6. Groups--were designated at the Worcester Intensive Care Program and labelled Group A and Group B. Group A was for the youth who were highly motivated and wanted to attend the group. Group B was for disruptive, non-motivated youth who wanted nothing to do with the group process. For months before this separation took place, the two group counselors worked in one large group but they eventually came to feel that community meetings of 24 youths were impossible to manage. Therefore, separate groups were developed and co-facilitated. The purpose of the groups was not to provide therapy but to help the youth feel safe enough to talk about problems they had. Both counselors were trained and worked to provide a secure atmosphere and promote discussions. It was difficult to assess whether or not these groups were useful for working through the problems of youthful offenders but some youth appeared to grow and change their behavior from the process. It is almost impossible to label the techniques that were used by the group counselors. They were confrontive on some issues and reflective on others. Their approach when dealing directly with the youth in groups was very eclectic; different situations were handled with different approaches.
7. The recreation program--was divided into Recreation A and B. While Group A was involved with the group process, Group B would have recreation. During the next block of time the two groups switched and Group A had recreation while Group B attended the group session.

Recreation involved playing ping-pong, pool, baseball, basketball, and a combination of other activities. These activities were supervised by all the staff members at the Worcester facility, including the administrators. The basketball and baseball field presented major security problems for the Worcester Program. The fence which enclosed both the playing fields was ten feet high with barbed wire at the top. However, the fence could be easily climbed and jumped over even though the wire was there as a deterrent. If staff coverage was reduced for one reason or another, recreation was confined to the building. Proper staff coverage was considered to be a ratio of one staff member for every two youths. If a youth presented a special security problem, such as habitual running away, attempted escape, or violent acting out, it was not uncommon to have one staff member supervise that individual youth. Staff were located on both the inside and outside of the fence to deter the youth from attempting to escape. However, several youth managed to escape from the recreational field. For example, early in the spring of 1976 an unknown youth

walked up to the fence from the outside. As a senior staff member approached the youth to tell him to leave, the youth opened his jacket and pulled out a revolver threatening to shoot. While all the staff and most of the youth stood motionless, several youth climbed the fence and escaped.

During the winter months, youth at the facility were confined to the building because of inclement weather. Some other outlet for their energy had to be found. An arrangement was made with the Worcester YMCA to accept program youth as long as they were well supervised. Again, leaving the confines of the building meant that security was a problem. Because of the fear of youth running away, the passes to the YMCA were not utilized as much as they could have been. All the staff felt that Worcester Intensive Care needed a gym so that youth could have adequate exercise and energy outlets regardless of staff coverage and security problems. Plans for a new gym had been designed before 1975, but funds had not been allocated by the state during the year that the author is examining.

8. Dinner--was served daily from 5:00-6:00 p.m. The Worcester staff had been made aware that the youth did not enjoy the meals that were prepared at the Worcester State Hospital and early in 1975 attempted to alleviate the situation. Since there wasn't enough money to hire a full-time cook, an alternative plan was developed. A floor supervisory position was combined with that of cook. The cook was able to teach youths cooking skills and prepare meals at the same time. Even though the cook did not have the time to prepare all the meals he was able to prepare several meals a week. The youth were very satisfied with a menu that they were able to voice an opinion about and have changed. Instead of grilled cheese sandwiches on Tuesday nights, they were able to have the cook's special--spaghetti and meatballs. Also, the cook had formerly owned a bakery business and the youth were given delicious desserts and snacks. Afternoon barbecues were a special treat during the summer months.
9. Seminars--were developed by the two group counselors of the facility. The purpose of the seminar was to enrich the lives of the residents by offering them an hour of discussion or lecture about anything that interested them. The youths could choose the topic of the day and seminars were planned weeks in advance. Topics ranged from mountain climbing to unidentified flying objects. The range of topics were so diverse that the counselors found it difficult to find speakers

and information on some of the topics. Many times, desired topics had to be changed because of time demands on the counselors. Topics included contraception, dinosaurs, boxing, sky diving, skiing, big foot, and a host of others. The counselors worked hard to find speakers for seminars in the community. This was helpful not only for the youth but also for the community members who had misconceptions about our goals. The seminars increased the awareness of staff, youth, and community agencies. Seminars operated Monday through Friday.

10. Evening recreation--allowed youth to watch television, play cards, or engage in any recreational activity except those that required going outside into the playing fields. However, if all the staff were present this rule was suspended and an occasional basketball or volley ball game was arranged.
11. Showers--were required to be taken daily. Most youth were willing to take a shower without complaints. A few of the youth, however, were unwilling, unless they were threatened with the removal of privileges.
12. Free-time--followed the showers and was used for letter writing or watching television. This block of time was extended on many occasions for special television programs that they asked to watch.
13. Bedtime--was usually at 11:00 p.m. at which time the doors to the bedrooms were locked until the next morning. If a youth needed to use the bathroom during the night the supervisor of the night shift would open the door. The lights in the bedrooms were turned off at 11:15 from a central panel switch located in the control room. Individual bedroom lights could be controlled from a control panel also located in the control room.

The point system, was the way a youth worked his way through the program. The progress of each youth was simply defined as growth in the form of positive behavior. Points were not only given for behavior. They were also given for the amount of scheduled time they completed. Each youth, upon entrance to the facility, was given a chart (see Chart II) and an explanation of how the point system worked. A youth needed to get 273 behavior points and 325 scheduling points before they could graduate from the program.

The accumulation of points from the day of entrance through the day of graduation was unique to the Worcester Intensive Care Program. The system was designed for simplicity and is described as follows:

Eight points could be earned each day by each individual youth

5 points could be earned for in-house scheduling
+3 points could be earned for positive behavior
 8 possible points each day could have been earned.

How a resident earned the point for in-house scheduling.

1 point for attending Education I
 1 point for attending Education II
 1 point for attending Education III
 1 point for attending group
+1 point for attending seminar
 5 possible points for in-house scheduling each day, 5 days a week.

How a resident earned the points for positive behavior.

1 point for positive behavior on the 7-3 shift
 1 point for positive behavior on the 3-11 shift
+1 point for positive behavior on the 11-7 shift
 3 possible points for positive behavior each day, 7 days a week.

Forty-six points could be earned each week.

25 points could be earned for in-house scheduling each week
+21 points could be earned for positive behavior each week
 46 possible points each week

How a resident earned all the points for in-house scheduling to graduate.

325 points were needed for completion of in-house scheduling
 25 possible in-house scheduling attendance points could be earned each week
13 weeks to gain 325 points
 325 points

How a resident earned all the points for in-house behavior to graduate.

273 points were needed to frompletion of in-house scheduling
 21 points were possible behavior points each week
13 weeks to gain 273 points
 273 points

Graduation

275 points for completion of in-house behavior
 325 points for in-house scheduling
 598 points were needed altogether.

Although the point system was criticized for its behavior modification orientation, its implementation represented an effort to provide structure for youth and to allow them to chart their exact status relative to graduation each day. The youth, staff and administration felt comfortable with the point system. If a youth did everything perfectly, the program would have been thirteen weeks in duration. However, there was not one youth, during the period under examination, who was able to go through the program in thirteen weeks. It should be noted that it was also possible for a youth to never accrue enough points to graduate from the program. Since attendance at any program function was not mandatory, a youth could sit in his or her bedroom and never accumulate graduate points. Whether or not a youth wanted to accomplish anything at the Worcester program was strictly up to that individual. Even those that did not want to participate in the program knew where they stood at all times in the program. The counselors at the program were responsible for keeping an accurate track of the youths' progress each day. A master chart was kept in the main office for easy access by all program staff. Shift supervisors of

the facility were responsible for giving behavior points. There were three shifts, which covered twenty-four hours a day seven days a week (7 a.m.-3 p.m.; 3 p.m.-11 p.m.; 11 p.m.-7 a.m.), and each shift had a supervisor who was responsible for the behavior points. A point would be given to each youth at the end of each shift if the youth did not present any major problems. Fighting with peers, physical confrontations with staff and re-orientation (see next section) were the major reasons why behavior points were not given. However, if a youth was disruptive in school, group, seminar or any program function where the shift supervisor wasn't immediately present a recommendation would be given to him stating that a behavior point was not earned. After investigating the situation the shift supervisor would make a final determination. Scheduling points were given if a youth attended the scheduled program function and attempted to participate. These points were given by the person in charge of each function. For example, the points for Education I, II and III were given by the teachers. Most of the youth in the program kept an accurate record of points earned daily and progress sheets were developed to help each youth plot his individual status. During the first week at Worcester a youth was not allowed to earn any points. This period was known as orientation and was developed to give the staff and youth a chance to get to know one another. This period also served to help youth get to know other residents and the rules of the program.

Re-orientation, which is graphically shown on Chart II, was a part of the in-house program that was designed to deal with acting out behavior. A

CHART II
WORCESTER INTENSIVE CARE POINT SYSTEM

In-House Scheduling	RE-ORIENTATION	In-House Behavior	
325 points		273 points	
300 points	39 points	252 points	WEEKENDS
275 points	36 points	231 points	
250 points	33 points	210 points	
225 points	30 points	189 points	SOLO
200 points	27 points	168 points	
175 points	24 points	147 points	
150 points	21 points	126 points	GROUPS
125 points	18 points	105 points	
100 points	15 points	84 points	
75 points	12 points	63 points	ONE ON ONE
50 points	9 points	42 points	
25 points	6 points	21 points	
	3 points		
Orientation		Orientation	

youth would be immediately reoriented for the following types of behavior:

- suicidal behavior
- fighting
- escape
- attempted escape
- smuggling contraband into the building, e.g., drugs, alcohol, weapons, etc.
- malicious destruction of property
- tampering with locks
- breaking windows
- damaging house furniture
- absent without official leave

During the Reorientation Period a youth would be restricted to the building and unable to gain any behavioral points. All privileges were taken away until a youth accumulated enough behavior points to be removed from reorientation and placed back into normal programming. A youth on reorientation was able to attend all program functions that were performed in-house. To get out of reorientation and gain back all privileges a required number of behavior points were needed. The number of points necessary correlated with the number of points that a youth accrued in the normal phase of programming. For example:

After earning 252 behavior points toward graduation John decided to start a fight with Bill who had been teasing him. John realized that he would have 36 points of reorientation and decided to start the fight anyway.

Chart II shows that for a youth who gained from 252 to 272 behavior points, 36 points of reorientation were needed before he/she was able to start gaining points toward behavior graduation again. Reorientation was time in "limbo" because the points earned were only applied toward getting out of reorientation

status. Converting the points into days is a simple process. Since reorientation points were gained by positive behavior, we know from an earlier discussion that a youth was able to earn only three behavior points a day. Using the example of John, who needed thirty-six orientation points, the following calculation is made:

36 needed behavior points divided by 3 possible behavior points daily equals 12 days without privileges.

After the reorientation period was completed a youth would resume normal programming with the number of points that were accumulated before he had entered the reorientation period. It was felt that the removal of points for behavior infractions reflected both behavior modification approaches as well as the way society historically treated juvenile offenders, i.e., the taking away of freedom and mobility. Because of this philosophy, points were never taken away from the youth at the Worcester Intensive Care Program. All points were added to gain privileges except during reorientation.

The more points and time in the program increased the more a youth was trusted outside the facility. The amount of points earned was proportionate to the degree of staff supervision. Chart II. also shows how many points were necessary for a youth to be in any one of the following stages:

- Orientation
- One-on-one
- Group
- Solo
- Weekend

During the orientation period, which lasted for one week, youth were not allowed out of the facility and points could not be accumulated. The next stage was one-on-one, which meant that one youth was allowed out of the building supervised by one staff member. A staff member had to feel confident that if he went out with a youth that he could bring the youth back. One-on-one was the first step in building trust relationships with the staff. However, there were several occasions during the year when staff members returned without the youth even though they had felt thoroughly comfortable and trusting of the relationships. For example, a floor supervisor developed a positive relationship with a resident who had a history of running away from programs. The staff member requested permission to take the youth to dinner believing that he would not be a problem. After dinner and while they were returning to the car in the parking lot of the restaurant, the youth decided to run away. Following a long chase, the staff member returned to the building alone. Youth running away when outside the confines of the building was a problem not only during the one-on-one stage but also during each succeeding stage. Shift supervisors were responsible for letting youth out of the facility with the appropriate supervision and also made final determination of which staff would be responsible for which youth.

The next level up was the group stage. This level required less supervision than one-on-one but more trust and point accumulation. Group status meant that youth could go out of the building in supervised groups.

However, there was a particular staff-youth ratio that had to be met. Every two youths who left the building had to be supervised by one staff member. If one of the female residents went with the group, a female staff member was required to be present. Groups were taken to various places throughout the state and local community for recreation, education and entertainment. Youth groups went to Walpole Prison to talk with inmates, Boston's museums, Battleship Cove in Fall River, Massachusetts, Westboro's Speedway and various local theaters, to name a few. If a youth went through the group stage successfully he would then be put on solo status. This meant that a youth could leave the confines of the building without supervision, and was the ultimate test of trust. All youth who earned unsupervised privileges were granted them. Not all youth that earned solo privileges were ready to accept the freedom and responsibility and many staff felt uncomfortable when a youth was outside the facility who they felt would not return. Of course, if it was obvious that a youth would not return, the shift supervisor could use his discretion and keep the youth confined to the building. If confinement occurred, the matter would be taken up in the daily group session the next day. Before the end of 1975, solo privileges were taken away from all the youth. The reason for the change was simple. The Boston Central Administration of DYS felt that the risk of having a youth run away was too great and politically unwise. The action followed an incident in which two youth on solo, stole a car and traveled back to their home community only to be arrested on new charges and sent

back to Worcester. However, solo status was successful statistically because most always youth returned to the facility. This stage of outside privileges helped to establish trust relationships for those youth who were ready to accept the responsibility but it was difficult to know when a youth was ready and risks had to be taken.

The final stage before a youth was able to graduate was that of weekend status. Weekend status meant that a youth could leave the facility for a weekend. Youth usually went home or to the approved foster home, which would be available to him upon graduation. These weekend visits allowed youth maximum freedom to move about the community and had to be cleared by the DYS regional office and caseworker for the youth. Since there was a high degree of risk involved in sending youth back to their communities it was necessary to put weekends very near to graduation. The theory was that a youth would be more inclined to do well the closer graduation came. Also, there was an added incentive that was explained to all youth who left the facility. If a youth was involved in criminal activity that required a hearing and disposition from the courts, he would have to start the program again from the first day. This was the only situation at Worcester where a youth could lose points. Overall, outside privileges and their administration caused few problems for everyone concerned. At times dictates from the central office became restrictive to the creativity of the program. However, enough flexibility in programming remained to keep the facility from turning into a fancy named jail for youthful offenders.

Supportive services, located in the community, were developed to help service the individual needs of the program youth. This section shall discuss and briefly describe the service provided.

1. Counseling services--were exclusively contracted to provide one-on-one counseling for Worcester's most extreme cases, i.e., diagnosed paranoid schizophrenia, etc. Also, consultation was provided for the staff concerning specific problems with difficult youth. The consultants were practicing professionals in their field. Dr. David Meyerson, Psychiatrist and Superintendent of the Worcester State Hospital, shared counseling services in this area with Dr. John Ault a Psychologist and instructor at Assumption College in Worcester.
2. Educational services--of the program, described earlier, were supported by Worcester's Department of Special Education and Title I. These outside agencies enhanced the educational program at the Intensive Care Program and supplemented the on-going educational program.
3. Vocational services--were available for youth that were accepted by the Worcester office of the Massachusetts Rehabilitation Commission.
4. Community legal services--were seldom utilized by the program youth during the period being examined by the author. Lawyers were appointed to the youth through the courts and special problems were referred to the Department of Youth Services Legal staff. However, the Boston Legal Assistant program was available to the Worcester Intensive Care Program youth.
5. Medical services--were provided by a full-time nurse at the Intensive Care Program. However, the medical services in the community were utilized for services that required a physician or hospitalization.
6. Job services--were provided within the community and gave youth opportunities for employment and the acquisition of new skills and supportive follow-up. Agencies willing to work with Worcester's program youth included the Neighborhood Youth Corps, Massachusetts Rehabilitation Commission, Worcester State Hospital, University of Massachusetts Medical School and the Worcester unemployment office.

7. Staff training services--discussed later in Chapter III, was provided for all the staff at the Intensive Care Program. The purpose for training was to expose staff to different program models, alternative methods of working with juvenile offenders and a variety of other topics. The training programs were developed by the Juvenile Justice Programs at the University of Massachusetts/Amherst under the direction of Dr. Bailey Jackson and Dr. Allen Kaynor, the chairman of the Guidance and Psychological Services Department at Springfield College.
8. Religious services--provided by local clergy came to the program every Sunday. Services were given by Rev. David Miller and Father John Conan from the Worcester area.

The above list represents many of the community services that the program utilized. Although some of the services were necessary for the program to function, the overall objective was to involve the community in Worcester's Intensive Care Program for the rehabilitation of Juvenile Offenders.

Records were maintained by the Worcester Intensive Care Program.

Some of the records were mandatory and others were developed during the year under examination. The following list includes all records which were utilized by the program.

1. Programmatic Records:

- Individual case records
- Admissions book for incoming residents
- State daily log of activities
- Daily population log
- Monthly program reports for regions
- Weekly population count for DYS central
- Residents telephone call log
- Visitors log
- Log for locked-up youth
- After care records (foster-home, placements)

2. Financial Records:

- Daily ledger
- Payroll ledger
- Equipment ledger
- Cash disbursements ledger
- Consultant and contract ledger

Staff and Staff Organization

The original purpose of the facility which housed the treatment program at Worcester was to provide short term detention for youth either waiting for a court disposition of placement in a DYS program. In January 1975 the Worcester Detention Center became the Worcester Intensive Care Program and the focus of programming shifted from short-term custodial care to long term treatment for the 8 to 10 percent most difficult youthful offenders in Massachusetts. In this section, the staff at Worcester will be discussed in the context of those changes. Also, staff organization, job descriptions and shift designs will be examined.

Staff changes occurred at the Worcester Detention Center before the arrival of the author in January 1975. Mr. Paul Leahy was the Director of the Worcester Detention Center in December of 1974 and was promoted to the position of Region II Regional Director for the Department of Youth Services before he relinquished his authority at the detention center. As the director of both Region II and the Detention Center he was able to reassign employees from the Region to the Detention Center. Caseworkers that were removed from their positions in the Regions and placed in the Detention Center were basically

demoted. Counselors that worked in the detention center under Mr. Leahy's administration were reassigned to the Region II Regional Office. When the author arrived in January 1975 the clinical component of the facility consisted of the previous clinical director to develop a treatment facility. The counselors had all been transferred to the regional office. However, the facility was given a grant by the Law Enforcement Assistant Administration which allowed the author to hire two counselors, two clinical consultants, one part-time bookkeeper and one part-time resource developer to supplement the existing Worcester staff. The grant was given to the Worcester program to help change the facility to an Intensive Care Program. Staff that were present upon the arrival of the author could not be replaced by new staff that were trained in counseling techniques. Existing staff had to be trained in approaches other than custodial methods of youth care. It is interesting to note that the average age of the staff at the Worcester Intensive Care Unit when the project first began was over 45 years. All the staff, except for those on the grant, were state employees.

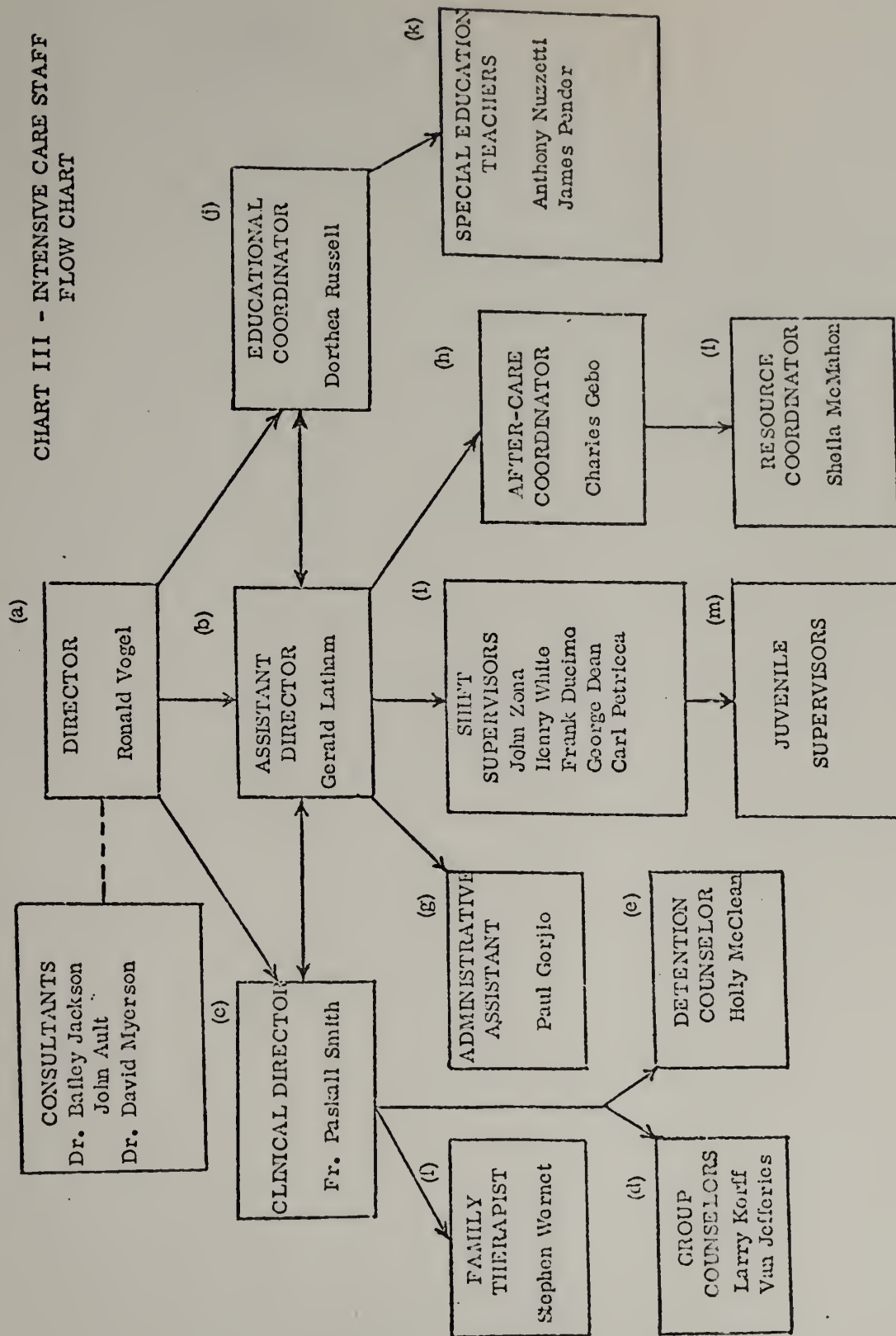
During the period from January 1, 1975 until March 31, 1975 changes occurred in the staff which culminated in a cohesive core of staff. A shift supervisor on the 3 p.m.-11p.m. shift was promoted to the position of Assistant Director and was responsible for supervision of all state staff, shift organization and finances. A bookkeeper was administratively traded with Region II for a caseworker who was given aftercare responsibilities which shall be discussed later in this chapter. Another trade gave the program a

counselor in exchange for a female matron who worked with the girls but had little counseling experience. Also, a group counselor, family therapist, part-time resource developer and part-time bookkeeper were hired (these positions will be discussed under staff job descriptions in this section). The first three months of the project were focused on hiring staff for the program and developing the point system and daily schedule. Since the youth were at the facility in January it was important to expedite administrative matters.

Chart III next page, illustrates Worcester's Administrative chain of command, job titles and individuals responsible for those positions (the juvenile supervisors are not named on the chart). At the beginning of the project there were thirteen juvenile supervisors which increased to twenty-seven in late June when the Commissioner closed Wayside Union at the Lancaster Industrial School for Girls. Since many of the staff were permanent state employees it was impossible for the Commissioner to either lay-off or terminate the employment of the employees that were left without a facility to report to for work. Therefore, most of the employees were reassigned to the Worcester Intensive Care Program in June of 1975.

Job descriptions, were partially provided by the October 1976 Minimal Standards of Performance Job Functions for the Department of Youth Services and prepared under the supervision of the Department's Personnel Director, William Donahue. Each staff member at the Worcester Intensive Care Program had a job title and a role to perform. The author will briefly discuss the responsibilities common to each job title. As a reference to the reader, the

CHART III - INTENSIVE CARE STAFF
FLOW CHART



heading letters (a) through (m) correspond to the letters assigned to Chart IX.

(a) Directors Responsibilities Included:

- Overall supervision of staff and staff training.
- Monitoring the care, custody, discipline and treatment of all program youth.
- Design and implementation of treatment philosophies and goals.
- Monitoring the quality and completeness of youth files in accordance with departmental policy.
- Coordination of termination and aftercare plans.
- Verification of all purchases made by program staff.
- Supervision of daily program functioning.
- Acting as a liaison between the community, courts, police departments and DYS.

(b) Assistant Director Responsibilities included:

- Acting as the Director in his absence.
- Maintaining all the accounts necessary for the functioning of the facility.
- Supervision of supervisory staff and other employees involved in the Intensive Care Program.
- Staff scheduling and shift organization.
- Reporting all necessary information to the Director of the facility.

(c) Clinical Directors responsibilities included:

- Administering, coordinating and participating in the treatment program at Worcester.
- Directly supervising a small number of youth involved in the program.
- Maintaining all files on youth at the program.
- Administering psychological testing.
- Working closely with clinical consultants.
- Reporting to both the Director and Assistant Director.
- Communicating with regions, courts, and parents.
- To ensure that all necessary reports were completed.

(d) Group Counselors responsibilities included:

- Conducting individual and group psychotherapy in order to aid the youth in the Intensive Care Program in acquiring better self-understanding in learning more effective methods of social interaction with both their peers and the community.

- Maintaining the point records on each youth.
- Developing daily seminars.
- Consulting with the program psychologist or psychiatrist in cases requiring that degree of professional capability.
- Filing incident reports with the unit director.
- Conducting and participating in staffings for those youths ready to begin aftercare.
- Providing monthly reports to the regions.
- Reporting directly to the Clinical Director.

(e) Detention Counselors responsibilities included:

- Conducting individual counseling for those youth assigned to the building for detention reasons.
- Coordinating regional and court activities for detention youths.
- Maintaining all records on detention youth.
- Consulting with the program psychologist or psychiatrist in cases requiring that degree of professional capability.
- Reporting directly to the clinical director.

(f) Family Therapists responsibilities included:

- Providing counseling to the families of youth at the Intensive Care Program.
- Directly supervising a small number of youth in the program.
- Maintaining files and writing monthly reports of all youth on his case load.
- Consulting with the program psychologist or psychiatrist in cases requiring that degree of professional capability.
- Providing group psychotherapy in the absence of group counselors.
- Attending staffing on all program youth.
- Reporting directly to the Clinical Director.

(g) Administrative Assistants responsibilities included:

- Assisting the Assistant Director in the functioning of his duties.
- Purchasing goods and services necessary to the functioning of the facility.
- Acting as the Assistant Director in his absence.
- Acting as a Shift Supervisor in the absence of a regularly scheduled supervisor.
- Performing on-call duties.

(h) Aftercare Coordinators responsibilities included:

- Developing foster homes in the seven regions of the Department of Youth Services.
- Monitoring the effectiveness of residential and non-residential placements in obtaining the goals and objectives outlined in the aftercare plan of each youth.
- Informing youth of residential and non-residential placements available.
- Notifying the Director, parents, police and regions in the event of an emergency situation.
- Educating police, courts, and foster families on the objectives and goals of the Worcester Intensive Program.
- Reporting to the Assistant Director.

(i) Resource Coordinators responsibilities included:

- Providing support service to the foster families by helping youth find employment and appropriate educational programs.
- Maintaining working relationships with potential resources and following through on possible leads.
- Performing the role as liaison between the Intensive Care Program and other state agency resources or school systems.
- Keeping accurate records on contacts with programs, youth, families, and regions.
- Stimulating private resources to develop alternative programs that met the needs of intensive care youth.
- Reporting to the Aftercare Coordinator.

(j) Educational Coordinators responsibilities included:

- Coordinating all phases of Worcester's Educational component and working directly with a small group of special needs youth.
- Providing supervision and training to the teachers at this facility.
- Writing proposals to attract funds for the educational program.
- Contracting and developing relationships between Title I centrally and the Worcester Public School System for continued support.
- Reporting directly to the Director and/or the Assistant Director of the program.
- Keeping all educational records on each student.

(k) Special Education Teachers responsibilities included:

- Developing and implementing a curriculum that included both the cognitive and affective domains of each youth by responding to his/her educational needs.
- Administering activities related to the coordination of the educational program.
- Requesting educational supplies needed for effective performance of duties.
- Determining curriculum materials.
- Controlling incidents within the educational setting by tactfully responding to each problem.
- Reporting directly to the Educational Coordinator.

(l) Shift Supervisors responsibilities included:

- Making daily administrative decisions relating to the operation and execution of a shift, e.g., movement of program activities, behavior management, room and security checks.
- Ensuring that the Director of the facility is notified in the event of an emergency.
- Providing leadership and direction to floor staff by teaching them methods of becoming more effective with intensive care youth.
- Restraining acting out youth.
- Responding to emergency acting out situations by coordinating staff and isolating the acting out youths.
- Maintaining the daily log of activities.
- Constantly maintaining a population count of the youth.
- Training new juvenile supervisors.
- Making sure that the shift was properly turned over to the next shift supervisor.
- Reporting directly to the Assistant Director of the program.

(m) Juvenile Supervisors responsibilities included:

- Interacting and supervising youth in all aspects of programming and activities on a twenty-four hour daily basis.
- Instructing and informing youth of the rules and regulations of the facility.
- Ensuring that the facility was thoroughly cleaned each day by helping youth with daily chores.
- Performing search procedures at instance to ensure that youth did not bring in contraband.

- Ensuring that youth on room restriction were closely checked every fifteen minutes.
- Securing the outside perimeters of the building, e.g., checking locks, doors, windows and other avenues of possible escape.
- Writing in the state log of activities anything that they wanted transmitted to the rest of the staff.
- Tactful intervention of acting out situations.
- Reporting directly to the Shift Supervisor.

Shift designs at Worcester covered a twenty-four hour period. The first shift started at 7 a.m. and ended at 3 p.m. This shift as well as the others were under the direction of the Shift Supervisors. However, the first shift during the week had approximately four to six juvenile supervisors which was considered to be light coverage for the facility. Project staff counselors, teachers and administrators were available to the floor workers if extra coverage was needed in the case of an acting out situation. The 3 p.m. to 11 p.m. shift was given the heaviest coverage and usually consisted of the Shift Supervisor and seven to nine Juvenile Supervisors. Since the administrators, teachers and counselors were basically on a 9 a.m. to 5 p.m. schedule they were of little help if a problem occurred at 10 p.m. in the evening. During the evening shift, youth were generally more aggressive toward the staff and each other. Therefore, the 3 p.m. to 11 p.m. shift consisted of the most capable staff at the Intensive Care Unit. Finally, the 11 p.m. to 7 a.m. shift can be described as having the lightest coverage. A Shift Supervisor was accompanied by no more than two or three juvenile supervisors. There was little need for more coverage because all youth were

locked into their rooms for the evening. On this shift, the physical security of the facility replaced staff coverage. If any problems developed during the evening both the Director and the Assistant Director could be called.

Termination and Aftercare

The major goal at the Worcester Intensive Care Program was to prepare youth for community-based programs or reintegrate them into their home communities. Therefore, it was important to give youth support in the community after graduation. Graduation and release from the program depended on:

- Successfully completing all phases of the program.
- The development of an aftercare plan.
- Permission from the Director of secure treatment.
- Permission from the youth's regional caseworker.

After a youth was released or terminated from the program aftercare plans were instituted. Aftercare plans had to be carefully designed around the needs of each youth. The better the aftercare plans the more chance a youth had to succeed in the community. The above statements may seem oversimplified but care had to be given to aftercare plans. The Worcester Intensive Care Program believed that aftercare was essential for the successful reintegration of youth back into the community. However, aftercare plans for youths leaving the program were riddled with problems such as (a) lack of communication between the program and regional offices, (b) lack of money for youths aftercare placements, (c) differing views as to appropriate aftercare plans between

regional caseworkers and program clinicians, (d) the disbelief, of regional personnel, that youths patterns of behavior could change, and (e) the reluctance of regional staff to participate in program functions. However, the purpose of this section is to relate to the reader the aftercare design which was developed in March 1975 to alleviate the problems that are labeled above.

The design and conceptualization of the aftercare program was developed by the author. It was believed that the change from a maximum security environment to a situation of total freedom in the community had the potential of having disastrous effects on youth, leading them back to a life of criminal activity and re-incarceration. The author felt that the only way aftercare would be administered to the satisfaction of the program would be when the program developed, initiated, and supervised the youths movements within the community. The major question was how to develop the aftercare program independent of regional input without alienating regional staff by actually providing the services which were their major responsibility? The aftercare program at Worcester addressed both these questions to the satisfaction of both the program and the regional offices. The program was able to provide aftercare services at a cost which was so minimal that regional directors were able to save money. Nowhere in the state was there a program as inexpensive, especially with the amount of professional services which were available to each youth leaving the program. The aftercare program was not mandatory. Regions were encouraged to participate but the program was not in the position to dictate

to them the final aftercare plan. The regions had the final say about what would happen with a youth once discharged from the program. For all intents and purposes the regions had total control over the life of the youth. The Worcester Intensive Care Program provided a service to the region and was only able to write recommendations for the youths aftercare plan. Therefore, a logical approach was used with regional caseworkers so that Worcester's aftercare plan would be advantageous in terms of better services for less money. The regions were advised that a program was available and contained the following support services and was structured in the following manner.

A full-time aftercare person was hired to search within the community for people who were interested in working with youths who had completed Worcester's program. The Aftercare Coordinator was responsible for developing these homes in each of the seven Department of Youth Services regions. Also, the Coordinator would monitor the placement of youths within the homes and work with the regional caseworker to determine when the youth finished the aftercare phase of the program.

A part-time resource coordinator was assigned to the aftercare coordinator as a support service to the foster homes. The coordinator's major duty was to find employment for the youths and to aid in furthering the educational goals of each individual youth. The resource coordinator also worked closely with the regional caseworker to insure that services were not duplicated.

Family therapy was continued through the aftercare phase of the program when a youth was attempting to work through family difficulties. If the youth was not involved in family counseling, he was visited by the family therapist in the foster setting to give support and counseling to the youth and foster family,

The cost of the program to the region was \$45.00 for the foster family and the Worcester Intensive Care Program provided all support services including all personnel necessary to provide those services.

The aftercare phase of the program lasted approximately three months after which the youths were returned to their regions on parole from the Department of Youth Services. While a youth was involved in the aftercare program, his bed at the Worcester program could not be filled by another youth voted in by the Intensive Care Team. The region would have to wait until the youth was released from the aftercare phase. The reason for this action was simple. If the youth was not able to handle the amount of freedom and started getting into trouble in the community, he could be brought back to the Intensive Care unit by the family therapist, aftercare coordinator, resource coordinator, regional caseworker, or the foster family. Therefore, the youth's bed had to be kept available. If a youth returned to the program he would work through his problem with the program staff and return to the aftercare program as soon as the problem was rectified. Aftercare and its implementation was, in the author's opinion, as important as the programming at the Worcester

facility. Both direction and support had to be given to all youth if the goals of the program were to be achieved.

The above section attempted to both provide the reader with a deeper understanding of the Worcester Intensive Care Program and relate to the reader the commitment of Worcester's program staff to provide services for youth both in and out of the program.

Detention Services Provided at the Worcester Program

Twenty-nine per cent (29%) of the total youth at Worcester were considered to be secure detention youth. A secure detention child fitted into one of two categories. The first category consisted of youth that had:

- At least one or more previous commitments to the Department of Youth Services.
- A history of not appearing for court.
- A history of not staying in several residential placements for more than a week or two.
- A new charge pending in court.

The second category of youth were those who:

- Were being tried as adults in Superior Court.
- Presented a serious threat to society or themselves.
- Had a serious charge against them, e.g., murder, rape, etc.

Secure detention youth were not placed at Worcester for programming. These youth were at Worcester pending either a court appearance or new placement within the structure of the Department of Youth Services. The program at Worcester had one mandate from the central office of DYS which was to provide care, custody and security for all secure detention youth. The length of stay for detention youth at the program was anywhere from one day to six months

depending on the nature of the offense and the status of the youth. For reasons to be discussed later, the detention youth did not get along with treatment youth at the Program and many fights occurred between the youth. In July of 1975 the number of detention youth at the Intensive Care Program increased. The Commissioner of DYS attempted to close Roslindale Detention Center in Roslindale, Massachusetts, and needed space for at least eight detention youth. Worcester received all eight youth which increased the overall population to thirty-two. The facility which was cramped with twenty-four youth seemed to overflow with the increase. An increase in staff, mentioned earlier, made the facility difficult to coordinate for shift supervisors. Before the influx of youth from Roslindale, supervisors allowed detention youth to participate in the treatment program and recreation of the regular daily schedule. Points were given for attitude, group, seminar and education, but when they were accumulated outside activities were not granted to the detention population. As a matter of policy, Worcester Intensive Care detention youth never left the facility unless a bail slip was presented by the court or a medical problem necessitated outside attention. After the increase of both staff and youth a section of the building was closed off and the detention youth were segregated from the treatment program. The staff were split between the sections of the building and the staff waited patiently for the Commissioner to remove at least the extra youth as was promised. The author was told by the Commissioner that the inconvenience would last only one month. When the author left the

facility in late December 1975, six months after the increase of detention youth, there were still thirty-two youth at the Worcester facility.

Budgets

The Worcester Intensive Care Program had two budgets from which to work. The major budget was allocated by the State and distributed to the program by the Department of Youth Services. The second budget was developed from a federal grant offered through the Law Enforcement Assistance Administration to aid in the development of the intensive care program. Below are the categories and expenditures for the calendar year of 1975. It must be noted that DYS operates on a fiscal year from June to June. Therefore, the figures that are given under the state categories are the averages from the fiscal year of 1975 and fiscal year 1976.

State Budget/DYS 1975 Calendar Year

Account No.	Categories	Expenditures
01	Salaries	\$269,147.
02	Overtime	6,553.
03	Services non-employees	6,500.
04	Food	11,099.
05	Clothing	2,166.
06	Housekeeping	2,697.
07	Medical	3,999.
08	Heat and electric	8,512.
09	Farm and grounds	131.
10	Travel	3,848.
11	Advertising	55.
12	Repairs and alterations	10,850.
13	Special supplies	424.
14	Administrative costs--telephone, etc.	6,699.
15	Equipment	3,349.
16	Rental	<u>250.</u>
		\$336,259.

Federal Budget/LEAA 1975 Calendar Year

Category	Federal	Matching Funds
Personnel		
Clerk 1/2 time for 12 months	\$3,134.30	
FICA 5.85% total salary	183.35	
Employee benefits 7.15% total salary	<u>224.10</u>	
	3,541.75	
Regular Law Enforcement Personnel	N/A	
Consultants and Contract Services		
Psychiatric Consultation:		
11 hours per week @ \$16/hr x 52 wks	9,100.00	
To include outside preparation and evaluation by psychiatrist		
Educational and Rehabilitation Counseling		
5 hrs/wk @ \$10/hr x 52 weeks	<u>2,600.00</u>	
	11,700.00	
Travel		
10,000 miles @ \$.10/mile	<u>1,000.00</u>	
	1,000.00	
Office and Administrative Expense		
Copying @ \$47.90/month x 12 months	<u>574.80</u>	
	574.80	
Equipment		
Office equipment		\$2,100.00
Video tape equipment		3,700.00
Recreational, Health and Physical		
Education equipment	2,000.00	
Furniture	2,500.00	
Air conditioning	<u>4,500.00</u>	<u>10,000.00</u>
		15,800.00

	Federal	Matching Funds
Other		
Insurance: Workman's Compensation 2% of salary	62.68	
Cultural Enrichment and Recreational Programming	6,240.00	
Educational Programming	1,700.00	
Renovations		2,500.00
Administrative Overhead 5% total budget	<u>2,380.77</u>	<u>2,500.00</u>
	10,383.45	2,500.00
	<u>31,700.00</u>	<u>18,300.00</u>
TOTALS	\$31,700.00	\$18,300.00
Project Total	\$50,000.00	

The total cost of the program for the year of 1975 was \$386,259.

The above section has provided the reader with the two budgets that combined to finance the Worcester Intensive Care Program during the year of 1975 which the author is examining.

Theoretical Analysis of the Worcester Intensive Care Program

The theories of Chapter II bear a significant relationship to the Worcester Intensive Care Program. Implications of the theories on Program Design can be derived from closely analyzing the assumptions of each theory. Although these theories were not integrated into the program at the time it was designed, an analysis of the Program shows that a number of theories were either implicit or explicit in the Worcester Intensive Care Program model.

The Classical Theory assumes that man is hedonistic, motivated by pleasure and the avoidance of pain. The implication of this theory on program development depends on whether or not reward and punishment systems are incorporated into the program design. Rewards would allow youth to seek pleasure while punishment would deter them from acting-out or committing crimes. In practice, the Worcester Program developed a point system that rewarded positive behavior and punished negative acting-out. Another premise of the theory is that punishment should be severe enough to deter the criminal act but not so severe as to be excessive. The implication of this aspect of the theory for any program is that severe punishments should be avoided. In practice, the Worcester Program followed strict guidelines that were established by the Department of Youth Services. These guidelines banned the use of corporal punishment and complete isolation of youth from their

peers. Finally, the classical theory states that punishment should be swift because the smaller the interval of time between the punishment and the crime, the more lasting will be the association between the idea of crime and punishment. The implication for programming is that if a youth is punished for program infractions, the punishment should be quickly imposed. The influence of this theory relates to the automatic system for imposing punishments that was developed and implemented at the Worcester Program. Each youth knew before acting-out what his punishment would be.

Psychoanalytic theory states that the failure of internal controls to develop and function properly tends to explain delinquent acting-out. The implication for programming is that acting-out is beyond the control of youth and must be expected due to impulses that are not adequately controlled. Applied to the Worcester program, acting-out behavior of youth was expected and staff coverage of the program was maintained at all times. Another statement based on psychoanalytic theory is that delinquent behavior is symptomatic of underlying personality problems and the behavior will not cease until the causes are resolved through treatment. The implication for programming is that a program of treatment should exist for those youth in need of services beyond counseling. The influence this theory had on the program is clearly evident. A part-time consultant psychiatrist was employed by the program for both direct services to youth and consulting with the counseling staff.

Cognitive theorists would agree that gaps in the structure of the environment would permit variations in perceptions of and response to that environment. The implication for programming therefore is that a program should provide a structure with clear goals and objectives to avoid misconceptions. The influence of this theory on the Worcester program was twofold. First, the program goals and objectives were clearly defined when a youth was admitted to the program. Second, a program structure was imposed on all youth to ensure clarity of daily activities. Cognitive theorists also agree that rules and norms delivered by the family, school, mass media and other agents of socialization develop morality within children. The implication for programming is that relationships between the youth's family and school should be strengthened to help a youth develop normally. It is likely that the influence of this theory on the Worcester program manifested itself in the form of hiring personnel. First, a full-time family therapist was employed by the facility to help both youth and families work through difficulties and second, a part-time resources co-ordinator was hired to develop resources for youth in the community, i.e., employment, job training and educational services.

Personnel identity theory can also be used to analyze part of the Worcester program. This theory states that delinquent behavior is caused by role confusion. These youth attempt to achieve an identity by trying on a variety of roles which may include delinquent behavior. Implied in this theory is that the staff within facilities dealing with youthful offenders should attempt to serve as positive role models for youth. As a possible result of this theory, training

was provided for all the staff at the Worcester facility. An emphasis was placed on the importance of role-modeling as well as staff/youth interaction.

Also implicit in the Worcester Intensive Care Program are aspects of behavioral theory. The concept of reinforcement, or reward, to elicit desirable behavior is central to learning theory. Those activities which are reinforced tend to be repeated. Implications for program design are simply that positive behavior should be reinforced so that it will be repeated. The author believes that two applications of the program were drawn from this theory. First, trust was established with youth by allowing them to leave the confines of the building. If youth returned without causing trouble in the community they were given more and more privileges. Second, a system was developed which gave points to each youth for positive behavior and attendance in program functions. When accumulated, points were the mechanism by which youth could work their way through the program.

Social theories also may have had their impact on program development at Worcester. Lower class structure theory states that delinquent behavior is normal for lower class youth and that breaking the law is done for prestige. An implication for program development can be drawn from this theory statement that supports helping youth to explore options other than breaking the law to attain prestige within a reference group. The influence of this theory on the Worcester program may have been the reason why group and individual counseling sessions focused on dealing with peer pressure. The method of counseling may have differed from counselor to counselor but the overall

objective was to help youth clarify their values and critically examine themselves as well as their impact on others living in society.

Delinquent Subculture Theorists would argue that the subculture exists because it is designed to oppose the norms of the larger society.

Delinquent youth become the enemy of the middle class. Therefore, programs that hold this philosophical belief must be able to develop connections between middle-class norms of the larger society and those of the program youth. The influence on the Worcester program, if any from this theory, would probably be the same as those influences believed to have come from lower class structure theory.

The author believes that opportunity structure theory had an influence on the program. This theory states that not all members of our society have access to dominant cultural goals, such as jobs and education, that are generally accepted to be standard to the American way of life. When means to these goals are thwarted, the individual will turn to criminal activity to achieve them. Implications of this theory on program development focuses on the willingness of programs to provide job training and education which create pathways of access to money and power. The Worcester program developed resources in the community for job training and developed an educational program at the facility which was supported by the Worcester Public Schools and the Department of Youth Services.

Economic theory, which is related to opportunity structure theory, states that the present economic systems lead to economic crime. Poverty in surrounding

affluence creates criminal activity. It is difficult to specifically state what implications this theory had for program designs. The author believes that there may be an implicit implication in that a means should exist within the program to provide youth with a steady source of income. The Worcester program was given work slots by the Neighborhood Youth Corps for youth at the facility. Not all youth had access to those slots but budget increases were requested by the administration to provide jobs for all youth in the program. The influence of economic theory and opportunity structure theory on the program is similar in that there was a mutual focus on employment.

Finally, differential association theory states that whether or not a youth becomes delinquent is dependent on that individual's personal associations. The implications of this theory on programs designed to rehabilitate youthful offenders can take many directions. For example, when youth are terminated from programs, after care plans should be developed that take into consideration the development of new and positive associations with peers as well as adults. Furthermore, the focus of the aftercare component was to provide a support system for youth that would provide new experiences and new associations for them.

This section of the dissertation has attempted to show the reader the possible theoretical influence on the development of the Worcester Intensive Care Program by analyzing the implications for program designs generally and their application to the program specifically. The content just examined in the foregoing pages is encompassed in the charts on the following pages.

CHART IV
THEORETICAL APPLICATIONS

Theories	Theoretical Statements Applicable to the Worcester I. C. Program	Implications for Program Design	Applications to the Worcester Program
Classical School	Man is hedonistic, motivated by the seeking of pleasure and the avoidance of pain.	The design of the program should include a system of rewards and punishments.	A point system which rewarded positive behavior and punished negative acting-out was implemented.
	Punishment should be severe enough to deter the criminal act but not so much as to be excessive.	Excessive punishment should be avoided.	Strict guidelines were established by the Department of Youth Services which banned the use of corporal punishment and excessive isolation of youth from their peers.
	Punishment should be swift because the smaller the interval of time between the punishment and the crime, the more lasting will be the association between the idea of crime and punishment.	The punishment of a youth for program infractions should be quickly imposed.	The program developed an automatic system for imposing punishments. Each youth knew before acting-out what their punishment would be.
Psychoanalytic Theory	The failure of internal controls to develop and function properly tend to explain delinquent acting out.	Acting out is beyond the control of youth and must be expected due to id impulses that are not adequately controlled.	Acting-out behavior of youth was expected and staff coverage of the program was maintained at all times.

Theories	Theoretical Statements Applicable to the Worcester I. C. Program	Implications for Program Design	Applications to the Worcester Program
Psychoanalytic Theory (continued)	Delinquent Behavior is viewed as symptomatic of underlying personality problems and the behavior will not cease until the causes are resolved through treatment.	A program of treatment should be available to those youth in need of services beyond counseling.	A part-time consultant psychiatrist was employed by the program for both direct services to youth and consulting with the counseling staff.
Cognitive Theory	Theorists would agree that gaps in the structure of the environment would permit variations in perception of and response to that environment. ----- Rules and norms delivered by the family, school, mass media and other agents of socialization develop morality within children.	A program should provide a structure with clear goals and objectives to avoid misperceptions. ----- Relationships between the youth's family and school should be strengthened to help a youth develop morally.	The program goals and objectives were clearly defined when a youth was admitted into the program. ----- A program structure was imposed on all youth to ensure clarity of daily activities. ----- A full time family therapist was employed by the facility to help both youth and families work through difficulties. ----- A part time resources coordinator was hired to develop resources for youth, i.e., jobs, educational programs.
Personal Identity Theory	States that delinquent behavior is caused from role confusion. These youth, attempt to achieve an identity by trying on a variety of roles which may include delinquent behavior.	Staff within the facility should attempt to serve as positive role models for youth.	Training was provided for all the staff at the Worcester facility. An emphasis was placed on the importance of role-modeling as well as staff-youth interaction

Theories	Theoretical Statements Applicable to the Worcester I.C. Program	Implications for Program Design	Applications to the Worcester Program
Behavioral Theory	The concept of reinforcement, or reward, to elicit desirable behavior is central to learning theory. Those activities which are reinforced tend to be repeated.	Positive behavior should be reinforced so that it will be repeated.	<p>Trust was established by allowing a youth to leave the confines of the facility. If the youth returned without causing trouble in the community he would be given more and more privileges.</p> <p>-----</p> <p>Points were given to each youth for positive behavior and attendance in program functions. Points, when accumulated, were the mechanism by which a youth could work his way through the program.</p>
Lower class structure theory	This theory states that delinquent behavior is normal for lower class youth and a youth that breaks the law does so for prestige in his reference group.	To help a youth explore options other than breaking the law to attain prestige within a reference group.	Group and individual counseling was part of the Worcester I.C. Program. The method of counseling differed from counselor to counselor but the overall objective was to help youth clarify their values and critically examine themselves as well as their impact on others living within society.
Delinquent sub- culture theory	Theorists would agree that subcultures exist because they are designed to oppose the norms of the larger society. Delinquents become the enemy of the middle class.	Programs must be able to develop connections between middle class norms of the larger society and those of the program youth.	

Theories	Theoretical Statements Applicable to the Worcester I. C. Program	Implications for Program Design	Applications to the Worcester Program
Opportunity structure theory	Not all members of society have access to cultural goals, such as jobs and education, that are generally accepted to be standard to the American way of life. When means to these goals are thwarted the individual will turn to criminal activity to achieve them.	A program must be willing to provide job training and education which will provide pathways of access to money power and the fruits of America.	The Worcester I. C. Program developed resources within the community for job training. ----- An education program existed at the facility which was supported by the Worcester Public Schools and the Department of Youth Services.
Theory economic	The present economic system leads to economic crime. Poverty in the midst of surrounding affluence creates criminal activity.	A means must exist within the program to provide youth with a steady source of income.	Employment slots for youth in the facility were provided through the Neighborhood Youth Corps. Not all youth had access to these slots but budget increases were requested to provide jobs for all the youth in the program.
Differential association	Whether or not a youth becomes delinquent is dependent on that individual's personal associations.	Aftercare plans should be developed for graduating program youth to help them avoid old associations and develop new ones.	An aftercare component was developed by the program and was administered by program personnel and regional caseworkers.

Major Organizational Factors Influencing the Program

Staff Related Factors

The staff at the Worcester Intensive Care Program were not hired by the author. The staff were employees of the state who had been working in the Department of Youth Services at Worcester before the arrival of the author and none of the staff were trained in counseling techniques or any treatment models. Therefore, since the staff were not prepared to be a part of a treatment program training programs were developed. When youth arrived at the facility in January 1975, staff were not able to adequately respond to the needs of the youth, causing frustration among the staff and youth alike. Staff were frustrated because they did not know how to relate to youth that exhibited extreme acting-out behaviors such as wrist-cutting or attacking staff members to escape from the facility. Although all the staff were trained in a custodial model of care, they were willing to be trained in counseling techniques and treatment approaches to better service the program youth. During the year staff became more aware and sensitive to the needs of the youth but continued to deal with acting-out behavior in a custodial manner which meant that youth were locked away from the other program residents.

As the program developed counselors were hired by the program to provide one-on-one, group and family counseling. Although these employees were trained as counselors, they also filled a custodial role. They were

expected to monitor the youths' behavior. When fights occurred among the residents or when they attempted to escape from the facility, their role was to intervene. The counselors often complained about having two roles which sometimes forced them into situations which they felt damaged their therapeutic relationships with the youth.

Youth Related Factors

Detention youth were mixed with treatment youth at the Worcester program which created many problems in the program. Youth who were on detention status were jealous of the youth who had the benefits of programming because more attention and privileges were given to them. For example, program youth were allowed out of the building and detention youth were not. The mandate from DYS was to hang onto detention youth, not to provide treatment. Allowing a detention youth out of the building was too great a risk. A youth on detention awaiting superior court action for murder had to be secured within the confines of the building. However, this inequality of privileges created jealousy and physical confrontations between the two groups of youth. Despite attempts to keep them away from each other there was interaction between them because the facility was not designed to totally separate two distinctly different populations of youth. This negativity was counterproductive to treatment. Early in the project, seven youth were added to the detention population of an already crowded facility. Beds for the

youth were taken from the closed Lyman Training School and placed into rooms that the Office for Children stated were not big enough for one youth. This situation was alleviated several months after the Commissioner of DYS stated that he would remove all of the detention youth from the treatment program. By December 1975 only one detention slot remained at the Worcester program.

Budget Related Factors

A limited program budget restricted the program from developing the counseling staff, providing a year-round recreational program, creating long term follow-up services for the program youth, complying with Office for Children guidelines, or having a self-contained food service program.

Counselors at the program complained that there were too many youths to be serviced properly by the small counseling staff at Worcester. The LEAA grant that was given to the program was only able to support the salaries of two counselors and three part-time consultants. Admittedly, more trained counselors were needed to satisfy the needs of all the program youth at Worcester.

To provide year-round recreation, a gym was needed for the youths at the program. During the winter months youths were restricted to the building and were not able to exercise properly. DYS was not in the position to pay the high construction costs of building a gym and the recreation budget at Worcester was so small even a universal exercise machine could not be afforded.

As stated earlier, an aftercare component was developed by the Worcester

program to provide services for youth that were terminated from the program. However, the Worcester Budget did not have a category which provided money to develop those aftercare services. Instead, program staff provided the essential services for a short time and the foster placements were paid for by the DYS regional offices. More money would have allowed the program to develop more educational and employment opportunities, closer supervision of the youth, continuity of care from the program to the community and long term professional counseling.

The Office for Children that provides licenses to operate programs such as Worcester would not give the facility a permanent license which is required by Massachusetts' statutes. The bedroom sizes and improper ventilation were the major reasons the license was not granted. Major renovations would have been necessary for the program to come into compliance and Worcester's budget did not contain enough money for the changes. However, a temporary license was approved for the facility instead of having it closed by the state.

Finally, the food service program was primarily provided by the Worcester State Hospital. Had more money been available in the Worcester budget, a self-contained food service program would have been developed for the program. As noted earlier in chapter three the food from the State Hospital was sufficient in nutritional value but was poorly prepared and often tasteless.

Political Factors

Because the Worcester program was the most secure intensive care program in Massachusetts DYS tended to over utilize the facility. For

example, if a youth could not be contained in any DYS program in the Commonwealth, was committed to the Department and was a serious threat to the community, the youth would eventually be sent to the Worcester program by DYS without considering what effect that placement would have on the other program youth, the staff or the security of the building. The needs of DYS as an agency were placed before the needs of the Worcester program. This was obvious when DYS attempted to close the Roslindale Detention Center and placed several long term detention youth at Worcester when there was not enough room in the facility for the program residents.

Juvenile court judges in Massachusetts cannot legally determine the placement of youths they commit to DYS and do not have the authority to dictate the amount of time a youth spends in a DYS placement. However, a judge is able to transfer a youth to Superior Court to be tried as an adult. Sometimes this action is a threat to DYS. For example, if a youth has been engaged in serious or violent crimes and DYS has been unsuccessful in preventing the youth from running away and returning to the community, then the court may tell DYS that an intensive care placement must be obtained or the transfer of the youth is inevitable. DYS responded to this pressure and the youth was usually accepted into the intensive care system. The youngster usually remained in a detention center until a space at one of the intensive care programs became available. If the youth was violent enough then he would be placed at the Worcester program.

Reviewing this section shows that pressure from the community to remove certain youth was felt by the courts who pressured DYS to find secure placements. Consequently DYS pressured the Worcester Program into accepting youth which resulted in overcrowding and inappropriate placements. The program was utilized because of its security and little regard was given to whether or not the therapeutic program at Worcester was good or bad for the youth.

In summary, this chapter presented a detailed description of the Worcester Intensive Care Program and analyzed it from both a theoretical and organizational perspective. Prior to the program description background information was introduced to show the reader that the Worcester program existed within a broader system and not in a vacuum.

A comprehensive review of the program included descriptions of the facilities, admissions criteria, programming, staff and staff organization, aftercare and termination, detention services and the Worcester program's budget.

The theoretical analysis of the Worcester Intensive Care Program examined the implications of theories related to criminal behavior on the design of the program. The analysis revealed that a number of theories were either implicit or explicit in the design and development of the Worcester program.

Major organizational factors that influenced the Worcester program were related in the last section of Chapter III. It was shown that the program was influenced by organizational variables which were not controlled by the program.

C H A P T E R I V
A PRESENTATION AND ANALYSIS OF YOUTH-
RELATED DATA

The Interview Schedule

The interview schedule was developed and administered for two reasons. First, it was designed to determine what programs and/or institutions youth had been involved with from the time of their release from the Worcester Intensive Care Program. Second, the schedule allowed youth a chance to express what effects the Worcester Program had on them. The schedule was divided into two sections. The first section, Part A: Where have you been--
Where are you now? addressed the major objective of Worcester and examines whether or not the youth at Worcester were reintegrated back into the community. The second section, Part B: The Worcester Program's effect on you allowed the youth to express whether or not the program had positive or negative effects on them.

The interview schedule (Appendix A) consisted of seven-point scale questions as well as those requiring yes/no and narrative responses.

Selection of the Sample Population

The youth who were given the questionnaire participated in the program for at least three months, which was the amount of time necessary for a youth to graduate from the program if his behavior was perfect and he attended all program functions. The questionnaire was administered to all youth whether or not they graduated, as long as they were at the program for at least three months. Youth who were at the intensive care facility for less than three months were not included in the study because the program was designed to be a minimum of three months in length. Chart V provides the reader with data collected from the confidential files of twenty-six youth included in this survey. This data was made available by the Commissioner of the Department of Youth Services. A brief description of the content of each of the chart's fifteen columns is provided below:

- Column I--Names of youth, which have been changed for reasons of confidentiality. (The fictitious names will also appear on the questionnaire for reference purposes.)
- Column II--Ages of youth at the time of acceptance into the Worcester program.
- Column III--Number of days youth were in the Worcester Program.
- Column IV-- The geographical region of the state where each youth lived according to the Department of Youth Services' regionalization structure.

- Column V--Sex of each youth.
- Column VI--Racial and ethnic data on each youth.
- Column VII--Date that each youth was first committed by the courts to the Department of Youth Services for care, custody and treatment.
- Column VIII--Dates when youth were accepted for intensive care services.
- Column IX--Dates when youth were brought to the Worcester program for intensive care programming.
- Column X--Total number of days youth spent in detention facilities either awaiting court action or relocation to another program from the date of court commitment to DYS.
- Column XI--Total number of days in shelter care since date of court commitment. (Shelter care provides the same service as Column X except that there is less physical security.)
- Column XII. Total number of days in a foster care placement since the date of commitment.
- Column XIII--Total number of days in non-residential programming since the date of commitment. (These programs provide services to youth within the array of community-based programs that DYS purchases services from. As the term non-residential connotes, youthful offenders do not live in these programs.)
- Column XIV--Total number of days in residential programming since

the date of commitment. (Residential programs provide long-term placements and rehabilitation services for youth. They may be as unstructured as a group home or highly structured such as the Worcester Intensive Care Program.)

-Column XI--The number of days between the commitment of youth by the courts to DYS and their acceptance into the intensive care program.

The data described in Chart V. is included in this study to provide the reader with information specific to the history of a youth in the Department of Youth Services. The accuracy of the demographic data on youth, however, is questionable due to the lack of placement information on youth reported from the regions to the central office of the Department of Youth Services. The individual files located in the regions may or may not have more accurate data than the central computer, depending on the region. Therefore, the information related in Chart V does not accurately depict the amount of time that youth spent in detention, shelter care, foster care, non-residential and residential programs. For example, one youth in this study spent months going in and out of the Roslindale Detention Center in Roslindale, Massachusetts. The Department of Youth Services' records both centrally and regionally did not accurately represent the amount of time this youth was at the detention facility. In fact, the central DYS computer reported that the youth spent zero days in detention from the time he was committed to the department.

CHART - DEMOGRAPHIC DATA ON YOUTH SURVEYED IN THE STUDY

Name	Age	Time in Program	Rugby	Sex	Race	Date of Commitment	Date Accepted for L. C.	Entrance Date	Days in Shelter Care	Days in Foster Care	Days in Non-Residential	Days in Residential	Days in Commitment and C. Act.	
I	II	III	IV	V	VI	VII	VIII	IX	XI	XII	XIII	XIV	XV	
Alan Johnson	14	100	I	M	W	4/19/74	9/17/76	8/22/76	22	0	310	0	121	522
Bill Ryan	14	96	I	M	W	1/31/75	2/20/76	5/22/76	0	0	27	0	0	27
Marlo Diaz	15	107	I	M	P. R.	10/3/72	8/14/74	2/9/76	329	0	0	85	49	975
Peter Greaves	14	92	II	M	W	6/14/74	6/18/75	10/1/76	19	162	0	0	60	305
Jake Jacobs	19	92	II	M	W	6/24/76	10/1/76	10/1/76	0	41	32	0	6	101
Bill Carey	16	239	II	M	W	5/20/74	12/4/74	1/1/76	0	9	0	0	145	193
Richard Sierra	15	241	II	M	W	1/12/72	2/11/76	2/1/76	75	22	0	232	323	1121
Juan Rodriguez	15	126	II	M	P. R.	7/6/73	7/24/74	9/28/76	74	8	4	140	76	383
Timothy Beatt	15	209	III	M	W	6/6/69	1/20/76	4/19/76	140	109	452	0	927	2073
Jay Flanagan	19	135	III	M	W	9/18/72	11/6/74	12/1/74	353	110	0	23	60	779
Ronald Murphy	14	132	IV	M	W	12/10/74	7/2/76	9/30/76	38	95	13	0	31	157
Dave Allen	16	196	IV	M	W	8/16/73	11/6/74	11/7/74	82	0	0	0	269	449
Cerald Graham	15	126	V	M	W	11/6/74	8/27/76	8/27/76	0	0	0	0	277	283
Richard Peters	15	161	V	M	W	2/20/74	9/4/74	1/21/76	45	9	0	0	0	108
James Brown	10	121	VI	M	B	9/10/74	5/14/75	5/16/76	94	9	0	0	43	248
George Grayson	19	114	VI	M	B	10/3/74	4/25/76	4/29/76	11	0	0	0	108	208
Karen Vale	15	117	VI	F	B	6/29/73	6/20/76	9/6/76	7	0	75	28	136	233
Timothy O'Hall	10	291	VI	M	W	12/13/71	8/21/74	2/28/76	329	0	0	9	183	948
Troy Atkins	19	117	VI	M	W	10/15/73	9/11/74	5/16/76	0	0	0	0	286	301
Greg Anderson	15	111	VI	M	B	12/14/74	1/22/76	1/11/76	9	0	9	9	0	41
Patrick Farley	14	93	VI	M	B	4/10/71	8/20/75	8/22/76	49	9	0	254	14	401
Sam Webster	13	180	VII	F	W	7/24/76	8/13/76	6/28/76	0	0	0	0	19	19
Alice Duggan	19	187	VII	F	W	None	6/25/76	9/25/76	0	0	0	0	9	9
Roy Harrie	15	145	VII	M	W	6/9/73	7/31/74	2/28/76	43	0	0	0	166	444
Bill Blako	19	110	VII	M	W	11/20/74	9/10/76	9/12/76	83	13	2	9	166	373
Kathy Rose	19	103	VII	F	W	N/A	5/7/76	10/27/76						

DATA NOT AVAILABLE

One thing is certain about the data that is available and that is that the time youth spent in various programs, reported in Chart V, is lower rather than higher than the actual figures would be were they available. Information is under-reported due to the lack of communication between the various administrative links within the Department of Youth Services. The author believes that if correlations and significance levels were computed on the demographic data and strong correlations existed along with significance levels between .01 and .05, then correlations would move closer to the 1.0 if more data was available, depending on the variable being computed. Using the Pearson Correlation Coefficient method of statistical analysis, the demographic data was examined to see if a correlation existed between the following variables:

- .Length of stay at the Worcester Intensive Care Program and the time spent in detention.
- .Length of stay at the Worcester Intensive Care Program and time spent in shelter care.
- .Length of stay at the Worcester Intensive Care Program and time spent in foster care.
- .Length of stay at the Worcester Intensive Care Program and time spent in non-residential programs.
- .Length of stay at the Worcester Intensive Care Program and time spent in residential programs.

- . Length of stay at the Worcester Intensive Care Program and the amount of time committed to DYS.
- . Length of stay at the Worcester Intensive Care Program and the age of youth.

The results of the computations show that correlations exist among three of the listed variables. The correlations would be closer to 1.0 if more data were available.

The first variable, which is the correlation between the length of time youth stayed at the Worcester Intensive Care Program and the time spent in foster care placements, was found to be .65. This correlation is high and significant at the .03 level. However, the sample was small and contained eight youth who had been in foster care placements. In essence, this means that the longer a youth spends in foster care the greater the likelihood of his stay being longer in the Worcester program. The same trend is seen between the time youth spend in residential programs and the length of time in the Intensive Care Program. This variable, when correlated, was .47 at the .01 level of significance. The sample contained twenty-one youth, all of whom had spent time in community-based residential programs. Finally, the length of time in the program was correlated with the amount of time youth were committed to the Department of Youth Services. The correlation between the two variables was .46 at the .01 level of significance with a population of twenty-four youth.

The youth involved in this study vary in age, sex, race and other demographic characteristics. The calculations of ten categories were computed to provide the reader with an overall conception of the program youth from their commitment to the Department of Youth Services to their entrance into the Worcester Intensive Care Program.

Table I--Average and Percentages of Demographic Data

	Averages	Percentages of Program Youth Included in Each Category
Age when accepted to Worcester	15.3	100%
Days in the Worcester Program	146	100%
Days in Detention	101	68%
Days in Shelter Care	70	32%
Days in Foster Care	105	36%
Days in Non-Residential Programming	128	24%
Days in Residential Care	152	84%
Days between commitment and Intensive Care	421	100%
Females		15%
Males		85%
Whites		73%
Blacks		19%
Hispanics		8%

Confidentiality of records

Youth in the Commonwealth of Massachusetts have the legal right of confidentiality guaranteed to them both by state statutes¹ and policies developed by the Department of Youth Services.² Therefore:

¹Confidentiality of Records, Massachusetts General Laws, Chapter 120, Section 21.

²Massachusetts Department of Youth Services, "Confidentiality of Records," by Joseph Leavey, Commissioner, Boston, January 21, 1975. (Mimeographed)

- . Data reported in the study includes fictitious names.
- . Youth were not asked to identify themselves on the questionnaire form.
- . Personally identifiable data was not collected in any manner.

Gathering the Data

The data was gathered by interviewing each youth selected for the study. At all times, an effort was made to interview the youth in person. However, telephone interviews were used when a youth was either out-of-state or not immediately available. Information concerning the location of all youth was gathered through the regional offices of the Department of Youth Services when possible. However, there were many difficulties involved in locating these youths. Many of them were terminated from the custody of DYS and had to be tracked down in the community. For example, it took three days to find Alice Duggan in the Fall River area of Massachusetts. The family had moved several times without leaving forwarding addresses. The author had to conduct a door to door search looking for previous neighbors that may have known where the family currently lived. That method worked with Alice Duggan but was unsuccessful when attempting to find Kathy Rose.

Interviewing youth at correctional facilities created other problems. Youth who were scheduled for interviews could not be interviewed if they had been sequestered for acting-out in the institution. For example, on two separate occasions, as the author was enroute to the Middlesex House of

Correction, Jay Finnegan acted-out. Two weeks and six-hundred miles later the author was finally able to interview the youth.

Generally, institutionalized youth could not be interviewed until the interview schedule was reviewed by a facility administrator. At the Bridge-water State Hospital the author was not allowed to administer the instrument at all, although no reason was given for this restriction. The author memorized the contents of the questionnaire and attempted to make notes on a piece of paper. The pencil was observed by a guard and was immediately siezed.

Finding and interviewing youth who have been terminated from DYS is not an easy process. It takes an enormous amount of time and energy. Each youth presented a unique problem which made gathering the data a lengthy and complicated procedure.

Results of the Interview Schedule

This section of the dissertation reports the results of the interview schedule administered to the ex-residents of the Worcester Intensive Care Program. This section offers tables and a narrative discussion of the findings.

Of the youth who participated in the intensive care program in 1975, 81 percent were available to complete the interview schedule. The author was not able to interview the remaining 19 percent of the youth but certain specific information was available and is included in the results. The five youth included in the 19 percent were unavailable for a number of reasons. One youth died by drowning while escaping from the Deer Island Correctional Institution off the North Shore of Massachusetts. Another youth is currently

serving a six month adult sentence in an Arkansas jail. The third youth is presently being sought by the police for a crime he allegedly committed in Massachusetts; he is believed to be living in Pennsylvania under an assumed name. A young girl who was the fourth ex-resident was prevented from seeing the author by the supervisor of a foster home in which the youth was placed. The interview schedule could have been administered but the author felt that the treatment plan for the youth would have been disturbed. Finally, the fifth youth and her family moved twice in the last two years and left no forwarding address. All attempts to find the family or the youth failed.

The results of the two part interview schedule shall be discussed separately. The results of Part A: Where Have You Been--Where Are You Now?, shall be discussed first, followed by the results of Part B: The Worcester Program's Effect on You.

Results of Part A: Where Have You Been--Where are You Now?

The results of the first part of the interview schedule are presented in this section. Table II has been designed to help the reader interpret the results. The table has eight columns of information which show where each youth has been since termination from the Worcester program. These columns are discussed below and include the mean scores and percentages for each category. A narrative is also provided in this section which discusses where each of these youth are today.

- .Column I--Lists the names of the youth which have been changed for reasons of confidentiality. All names correspond to those listed in the demographic data provided earlier in this chapter.
- .Column II--Shows the number of times that each youth was arrested since termination from the Worcester program. The average number of arrests after termination is 3.6 with a 3.5 standard deviation. Eighty-six percent of the 22 youth who were found by the author have been re-arrested, while 14 percent were never arrested again.
- .Column III--Details the number of Department of Youth Services maximum security treatment programs that youth have participated in since their termination from the Worcester program. The programs numbered in the column represent locked treatment facilities that the Department either owns or purchases services from. The average for this category is .20 returns to DYS maximum security programs. Twenty percent of the 24 youth from the program returned to secure settings and 80 percent did not.
- .Column IV--Depicts the number of Department of Youth Services detention programs that youth have been in since their release from Worcester. Included in this category are foster care, shelter care and secure detention programs. The average number of detention programs that youth have been in since Worcester is .83. Thirty-nine percent of the youth that were terminated from Worcester spent

time in detention while 61 percent did not. These computations are based on 23 of the 26 youth involved in the study.

.Column V--Shows the number of residential DYS programs that youth were placed in since their release from the Worcester facility. The average number of residential programs youth were placed in post-Worcester is .78. Thirty-nine percent of the youth that left Worcester received additional programming within residential programs and 61 percent did not receive this care.

.Column VI--Relates the number of non-residential programs that youth have been placed in since their termination from the Worcester program. Of 23 youth for whom information was available there was an average of .22 youth that were given non-residential services. Eighty-three percent of the 23 youth did not receive non-residential services while 17 percent utilized this type of programming after the Worcester program.

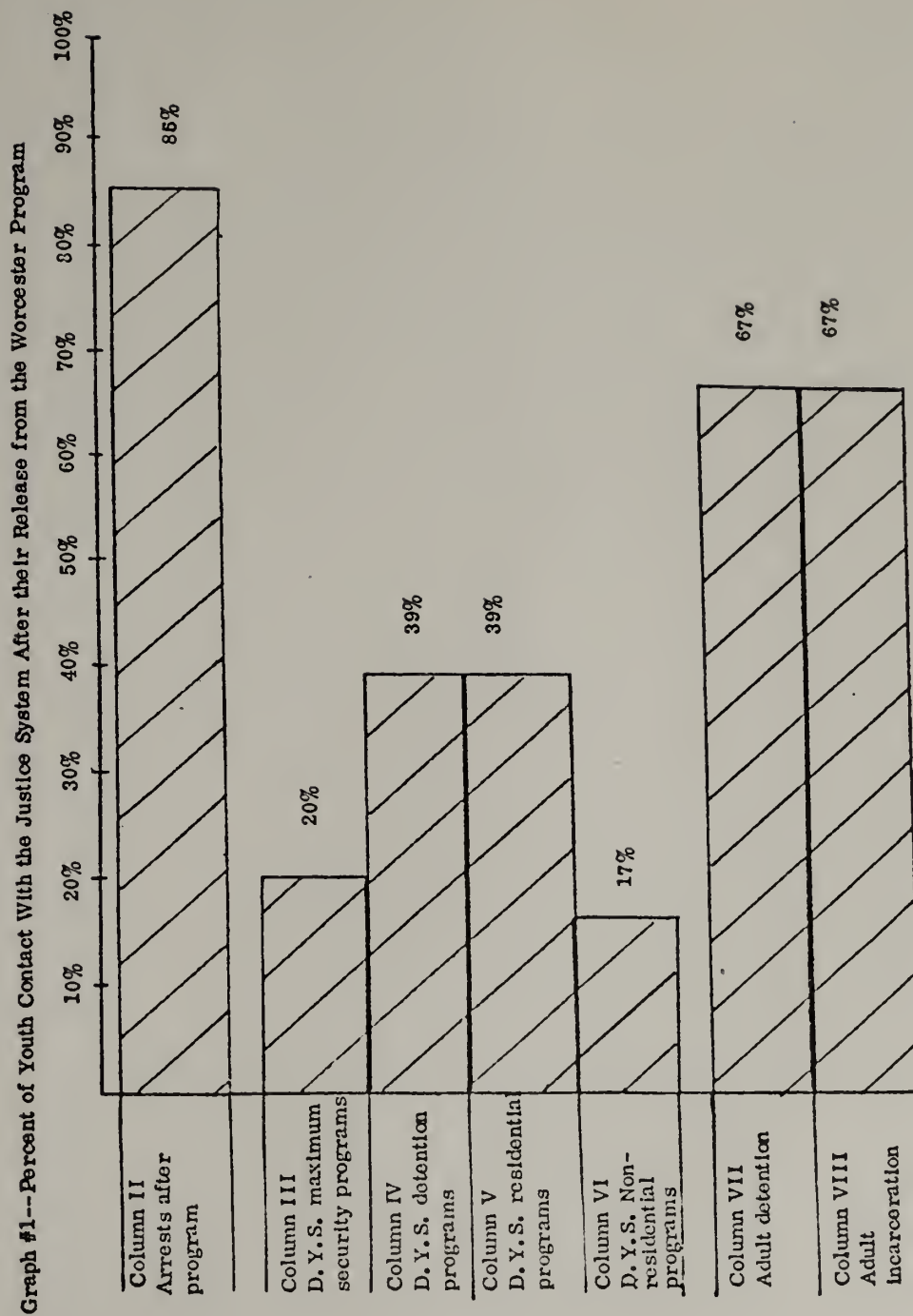
✓ .Column VII--Shows the number of times these young adults have been placed in adult jails either after arrest or pending a trial. On the average, 1.0 youth of the 25 that information was available on have been detained in adult institutions. Of the same number of youth 67 percent of all youth terminated from Worcester have been detained at least one time in adult jails and 33 percent have not.

.Column VIII--Lists the number of times youth have been sentenced to either a county jail or state correctional facility. On the average, .79 of 25 youth have been sentenced to adult county jails or state prisons. However, 67 percent of the youth that left Worcester have been sentenced as adults while 33 percent have not.

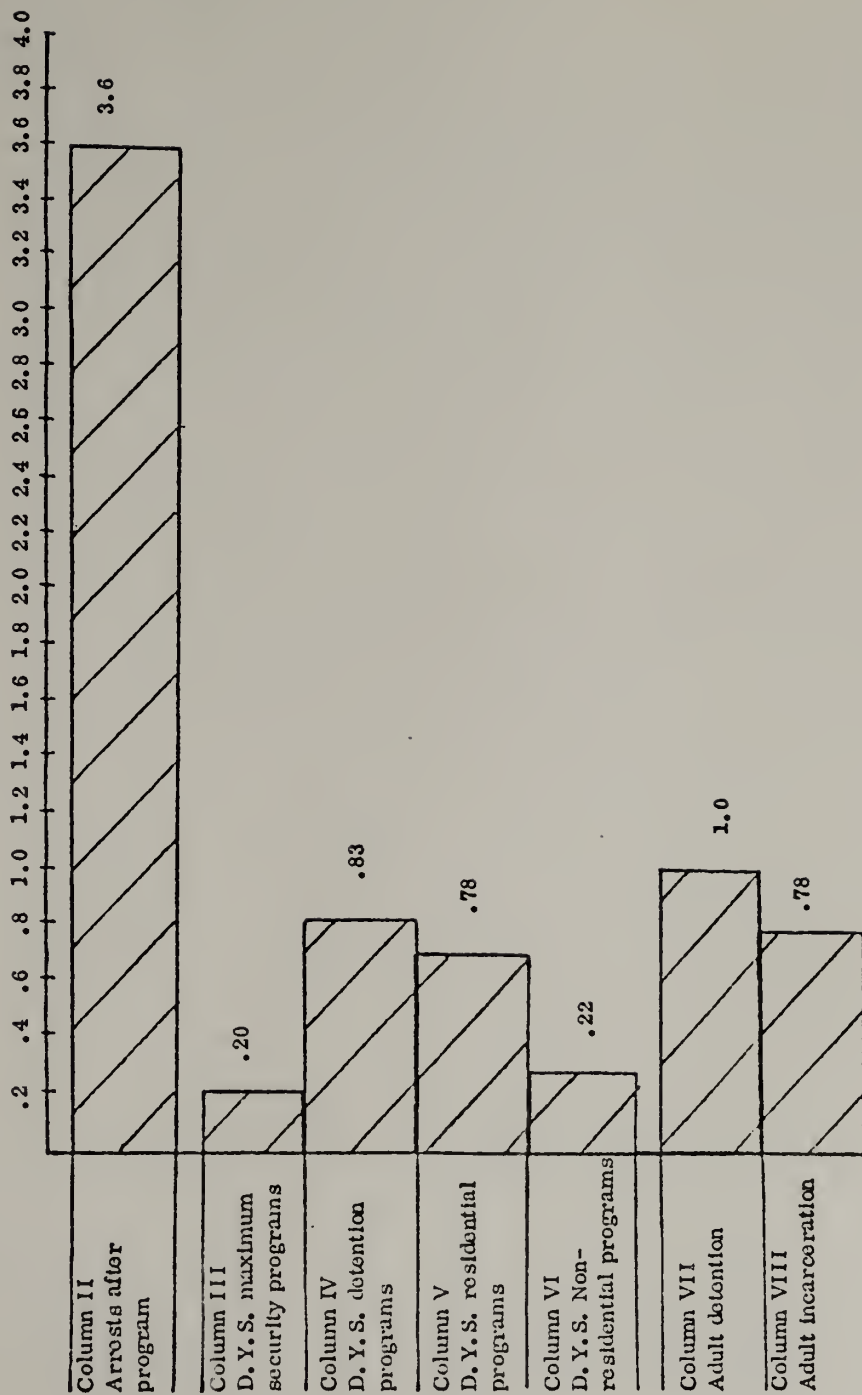
The eight columns of Table Two have been discussed to aid the reader in interpreting the data that were collected from the interview schedule. The averages and percentages that were given for Columns II through VII are presented in Graphs One and Two of this section.

As the dissertation data were collected the author became interested in how many youth were presently serving sentences as adults either in county jails or state correctional facilities. This question is pertinent to whether or not the program was able to reintegrate youth back into the community. At the time of the study, the author found 44 percent of all living youth included in this study serving sentences as adults. To review where youth are now in greater detail, a brief summary will be given of each youth who the author was able to interview for this study.

All the following information is based on the period of time that the data were collected (January-March 1978).



Graph 2 Youth Contact with the Justice System After their Release from the Worcester Program Expressed In Averages.



- .Alan Johnson--is currently living in a foster home and is still under the jurisdiction of the Department of Youth Services. He has been living with this family for approximately one year.
- .Bill Ryan--was living in Florida until February 1978 when he returned to Massachusetts to live with his family. He is presently unemployed and is looking for work.
- .Mario Diaz--is presently in the York Street Jail, Springfield, Massachusetts serving one year for a crime he committed in Holyoke, Massachusetts.
- .Peter Graves--is being detained at Worcester County House of Correction. He has several serious charges for which he believes he will be sent to prison.
- .John Jones--is also at the Worcester County House of Correction serving nine months for several crimes he committed in the Worcester area, one of which was assault and battery.
- .Bill Carey--was unable to be interviewed because he is in an Arkansas jail serving six months for using motor vehicles without authority.
- .Richard Sears--is presently serving two concurrent twenty year sentences for armed robbery. He is serving his sentence at the Massachusetts Correctional Institution at Concord.

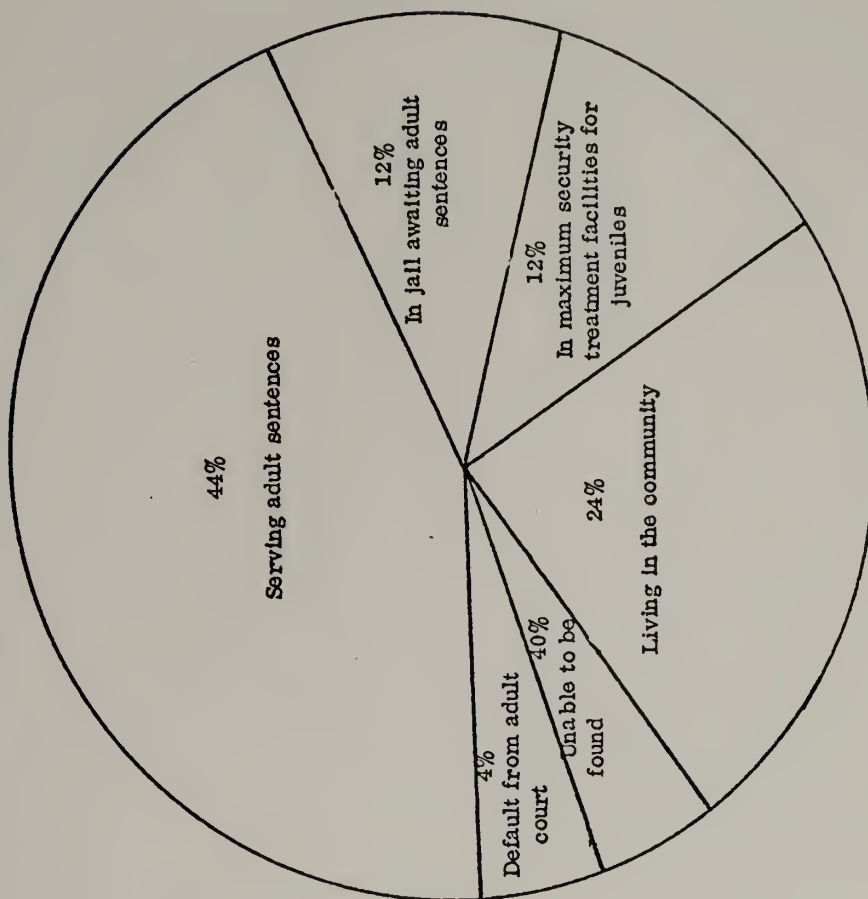
- . Juan Rodriguez--was incarcerated at Walpole Prison, but has recently been transferred to the Massachusetts Correctional Institution at Concord to finish a twenty year sentence he was given for robbery and kidnapping.
- . Timothy Bent--is currently at the Middlesex County House of Correction but is being transferred to the Walpole Prison for a nine to ten year sentence he recently received.
- . Jay Finnegan--is also at the Middlesex County House of Correction serving a thirteen month sentence.
- . Ronald Murphy--is and has been living at home since his release from the Worcester Program.
- . Dave Alison--is presently at the Charles Street jail in Boston, Massachusetts waiting to be sentenced on charges he was found guilty of, which include armed robbery, kidnapping, and unnatural acts.
- . Gerald Graham--is still committed to the Department of Youth Services but is placed in a maximum security treatment facility for juvenile offenders.
- . Richard Peters--is currently on the suicide ward of the Bridgewater State Hospital. He was given a sentence to be completed at the Massachusetts Correctional Institution at Concord for attempted murder.
- . James Brown--has been sentenced to Walpole for four years and is presently at the Charles Street Jail in Boston, Massachusetts.

- .George Grayson--is still considered to be a juvenile by the courts and is presently in a maximum security treatment facility operated by the Department of Mental Health.
- .Karen Veis--is living at home and has been in the community since her release from the Worcester program. Karen also gave birth to a child approximately one year ago.
- .Timothy O'Niel--died while attempting to escape from the Deer Island House of Correction.
- .Troy Adilene--is at the Massachusetts Correctional Institution at Concord serving a five year term. He has been separated from the general population and is in protective custody at the prison.
- .Gregory Peterson--is in Charles Street Jail in Boston awaiting a sentence for the breaking and entering of a liquor store in Boston.
- .Peter Farley--is placed in a maximum security treatment facility under the supervision of the Department of Youth Services. The youth is still considered to be a juvenile by the Massachusetts courts.
- .Susan Pelletier--was not interviewed but is living in a foster care placement under the supervision of a private agency from which the Department of Youth Services purchases services. This young lady was recently arrested on charges of breaking and entering according to her DYS caseworker.

- .Alice Duggan--is presently married and has a healthy six month old child. She has been living in the community since her termination from the Worcester program.
- .Roy Harris is currently in default of adult court charges and is being sought by the police. He is believed to be living in Pennsylvania under an assumed name. This youth was not interviewed by the author.
- .William Blake--was recently sentenced to the Plymouth House of Correction in Massachusetts for three years. He appealed this case and was out on bail when he was charged with assault and battery with a dangerous weapon.
- .Kathy Rose--the author was unable to find any information on this youth that could be substantiated.

The author designed Graph Three to show the reader what percent of youth were serving adult sentences, in jail awaiting adult sentences, in maximum security treatment facilities for juveniles, living in the community, unable to be found or in default of adult court. This chart combines all the youth from the Worcester program without making a division between male and females. It should be noted that of all the girls that went through the Worcester program and were located for purposes of this study, none were sent to adult jails or were sentenced as adults. However, 85 percent of all the boys that went through the program ended up either in a maximum security treatment facility for juveniles or in jails serving adult sentences. One hundred percent of all the boys

Graph 3 Location of Youth at the Time of Study



returned at least once to either a detention center for juveniles or were incarcerated as adults.

In summary, this section of the results Where Have You Been--
Where Are You Now? has discussed where youth have been since their termination from the Worcester program. Charts and graphs were included along with a narrative to help the reader sort out information that the author feels is important to this study.

Part B: The Worcester Program's Effect On You

This section of Chapter Four discusses the results of the second part of the interview schedule. The purpose of including this in the interview schedule was to allow the youth a chance to express whether or not they felt the Worcester Program had a positive or negative effect on them. A table, graph, chart, and narrative explanation highlight this part of the chapter.

The youth were first asked if they felt that the Worcester program had a positive or negative effect on them. After responding, they were asked to give examples of either the negative or positive effects. Following the completion of the question it was explained to the interviewees that the program had been divided into its major components and that the author was asking them to rate the type of effect that each part of the program had on them. The responses on the schedule ranged from very positive to very negative (see

Appendix A). There was also a rating of neither positive nor negative which was checked when youth reported that there was no effect on them by a particular component of the program. If a youth did not participate in a particular program function, a notation was made by the author and the scale was not rated. Graph Four summarizes the averages obtained from the rating scale.

It is obvious from this graph that many of the averages cluster around the rating of "neither positive or negative". This simply means that there were no effects from the components of the program on the youth. To aid in interpreting the data Table Three was developed by the author to show the percentage of youth who rated the individual program components from very negative to very positive. This table also shows the percentage of youth that did not participate and lists the total number of youth (N=) that were included in this section of the interview schedule. The column titled "neither positive or negative", in Table Three, shows the reader why the mean scores clustered around rating number four in Graph four. Fifteen program components of the total twenty-nine were rated as having no effect by the majority of youth. These program components are as follows:

Graph 4--Averages Concerning the Effects of the Program Components on Youth as Reported by the Youth Themselves

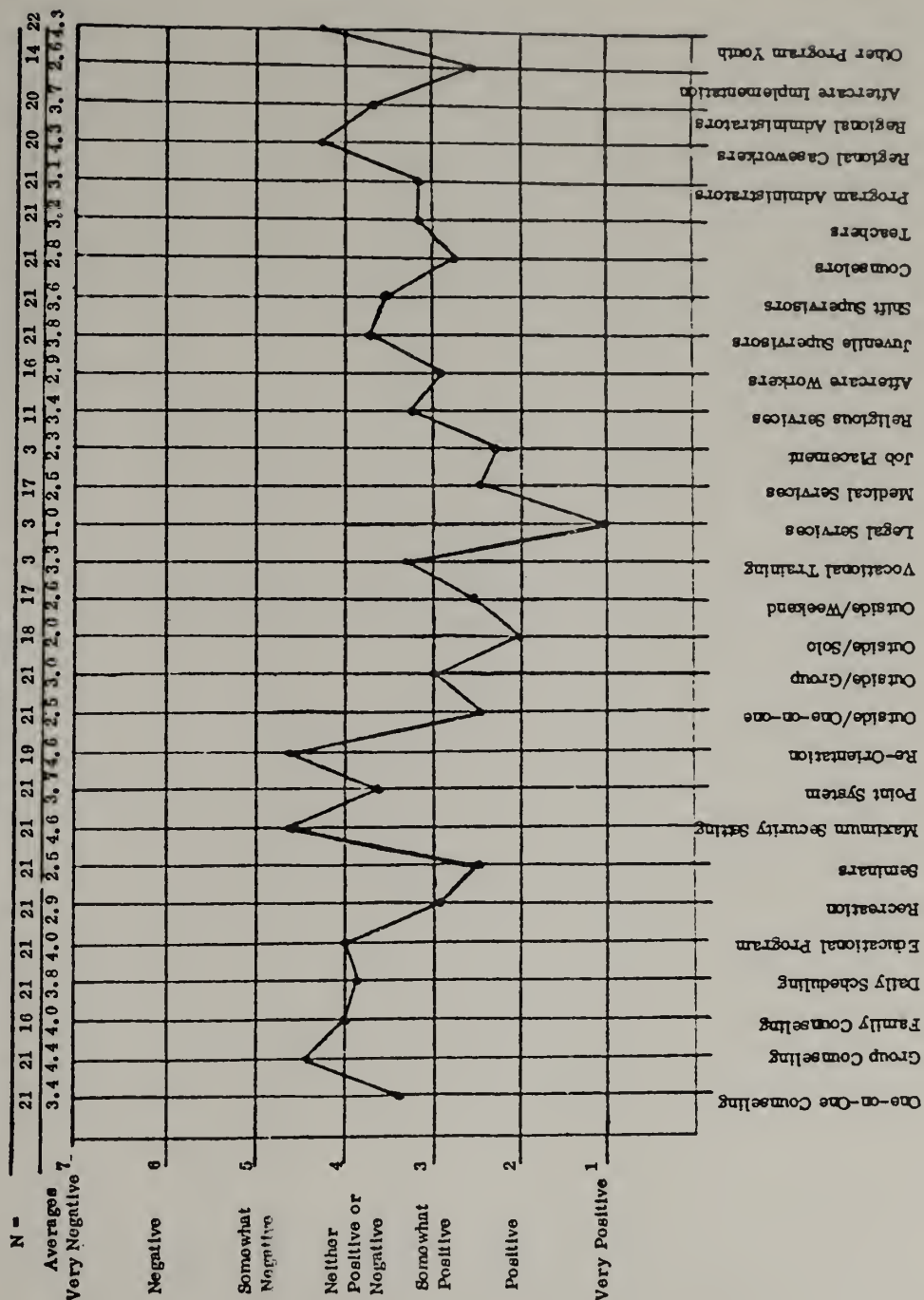


TABLE 3--Percentages which show How Youth Felt the Components of the Worcester Program Effected Them.

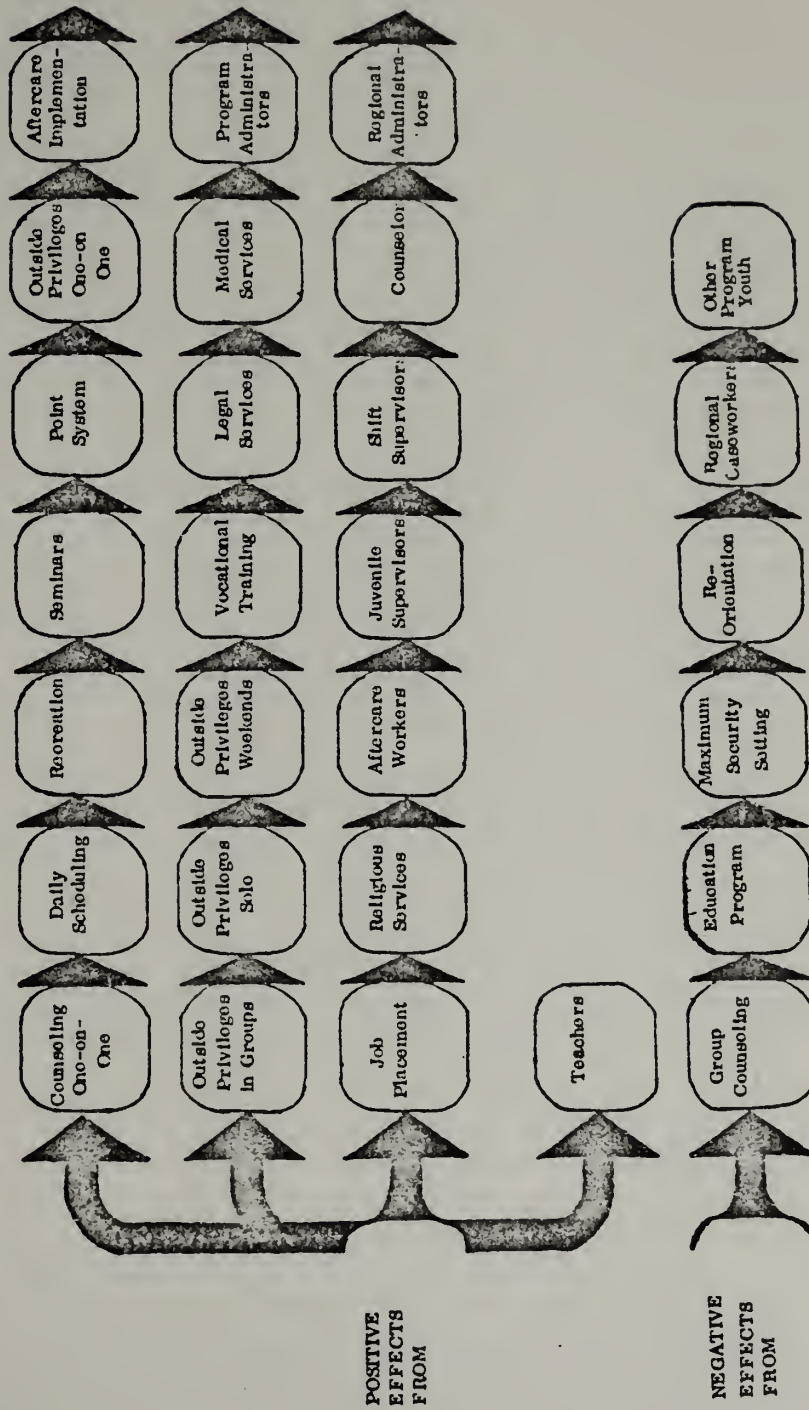
Program Aspect Evaluated	Very Negative	Negative	Somewhat Negative	Neither		Somewhat Positive	Positive	Very Positive	Did Not Participate	N =
				Positive or Negative						
One on One Counseling	9.5%	14.2%	0	23.5%	0	23.5%	19%	0	0	21
Group Counseling	19.0	9.5	0	52.3	4.7	14.2	0	0	0	21
Family Counseling	19.0	4.7	0	23.5	0	9.5	14.2	23.3%	0	21
Daily Scheduling	9.5	9.5	0	52.3	4.7	9.5	14.2	0	0	21
Educational Program	19.0	9.5	4.7%	38.0	0	9.5	19.0	0	0	21
Recreation	4.7	9.5	0	23.3	14.2	19.0	23.5	0	0	21
Seminars	0	4.7	0	33.3	4.7	14.2	42.3	0	0	21
Maximum Security Setting	23.8	19.0	0	38.0	0	14.2	4.7	0	0	21
Point System	4.7	14.2	0	47.6	9.5	2.5	14.2	0	0	21
Re-Orientation	19.0	19.0	4.7	28.5	0	14.2	4.7	9.5	0	21
Outside/One-on-One	9.5	0	0	14.2	4.7	38.0	33.3	0	0	21
Outside/Group	14.2	0	4.7	19.0	0	38.0	23.3	0	0	21
Outside/Solo	0	0	0	23.3	0	19.0	42.3	14.2	0	21
Outside/Weekend	9.5	4.7	0	14.2	0	4.7	37.8	19.0	0	21
Vocational Training	4.7	0	0	0	0	4.7	4.7	45.7	0	21
Legal Services	4.7	0	0	0	0	0	3.5	45.7	0	21
Medical Services	4.7	0	0	23.3	4.7	14.2	33.3	19.0	0	21
Job Placement	0	0	0	4.7	0	4.7	4.7	35.7	0	21
Religious Services	0	9.5	0	23.3	0	9.5	9.5	47.6	0	21
Aftercare Workers	9.5	0	0	19.0	4.7	23.3	19.0	23.3	0	21
Juvenile Supervisors	9.5	14.2	0	47.6	0	14.2	14.2	0	0	21
Shift Supervisors	4.7	19.0	0	33.3	9.5	19.0	14.2	0	0	21
Counselors	0	4.7	0	47.6	0	14.2	33.3	0	0	21
Teachers	9.5	4.7	0	33.3	0	38.0	14.2	0	0	21
Program Administrators	9.5	0	4.7	33.3	0	38.0	14.2	0	0	21
Regional Caseworkers	33.3	9.5	0	19.0	0	14.2	19.0	4.7	0	21
Regional Administrators	14.2	4.7	0	47.6	0	9.5	19.0	4.7	0	21
Aftercare Implementation	0	4.7	0	23.3	4.7	0	33.3	33.3	0	21
Other Program Youth	14.2	19.0	0	42.3	4.7	9.5	9.5	0	0	21

- (1) Group Counseling
- (2) Family Counseling
- (3) Daily Scheduling
- (4) Educational programming
- (5) Maximum security setting
- (6) Point system
- (7) Reorientation
- (8) Outside/weekends
- (9) Religious services
- (10) Juvenile Supervisors
- (11) Shift Supervisors
- (12) Counselors
- (13) Regional Administrators
- (14) Aftercare Implementation
- (15) Other program youth

Although many of the twenty-one youth who responded to the interview reported that there were no effects from certain components of the program, other youth reported that they were affected. Chart VI shows the reader those program components that affected youth positively and negatively. This chart was calculated by adding together the simple majority of those youth who reported either positive or negative effects from the program components. The chart relates that twenty-two components had positive effects and the remaining seven had negative effects.

Of all the program components it is interesting to note those that had the most positive effects on youth as well as those that had the most negative. The program component rated by the ex-program participants as having the most positive effect on them was the legal service. However, only three youth in the program utilized this service. With such a small number of youth rating the legal service component it cannot be considered to be significant.

CHART VI--The Majority of Youth Affected Either Positively or Negatively--Report on the Components of the Worcester Program



Although it may show that the three youth who obtained legal service thought it was positive, more youth would have had to rate this particular component to make it the most positive component. Two other components, namely job placement and vocational training, also had too few respondents to accurately rank them. However, Table Four ranks the program components from one to nineteen, one being the most positive component of the program and 19 the most negative. The rank order includes the three components that are not significant because the rank has been calculated by the mean score of the components. Mean scores that were the same were given the same rank. Other than the three components that have been specified as not being significant, all the other ranks in Table Four are significant.

Although it is interesting to examine the components of the program at Worcester and their effects on youth, it is also enlightening to review the general comments that were made to the author when the following question was asked: "From your perspective, did the Worcester Intensive Care Program have a positive or negative effect on you?" This question was broad and elicited a variety of responses which were not offered when the total program was divided into its separate components.

An observation made by the author during the interviews was that youth responded to the questions somewhat differently than they rated the overall program. For instance, one youth who was being interviewed, stated that he thought the program had a very positive effect on him. However, after he rated the individual program components it was obvious that he thought the program had a negative effect on him. This means that what the youth found positive

TABLE 4

Positive Negative	Rank Order	Program Components	Mean
Positive	1	Legal Services	1.0
Positive	2	Outside Privileges/Solo	2.0
Positive	3	Job Placement	2.3
Positive	4	Seminars	2.5
Positive	4	Outside Privileges/one on one	2.5
Positive	4	Medical Services	2.5
Positive	5	Outside Privilege/Weekend	2.6
Positive	5	Aftercare Implementation	2.6
Positive	6	Counselors	2.8
Positive	7	Recreation	2.9
Positive	7	Aftercare Workers	2.9
Positive	8	Outside Privilege/Group	3.0
Positive	9	Program Administrators	3.1
Positive	10	Teachers	3.2
Positive	11	Vocational Training	3.3
Positive	12	One on One Counseling	3.4
Positive	12	Religious Services	3.4
Positive	13	Shift Supervisors	3.6
Positive	14	Regional Administrators	3.7
Positive	14	Point System	3.7
Positive	15	Juvenile Supervisors	3.8
Positive	15	Daily Scheduling	3.8
Neutral	16	Family Counseling	4.0
Negative	16	Educational Program	4.0
Negative	17	Regional Caseworkers	4.2
Negative	17	Other Program Youth	4.2
Negative	18	Group Counseling	4.4
Negative	19	Maximum Security Setting	4.6
Negative	19	Re-Orientatation	4.6

was not included in the program components. The author now will relate to the reader what each youth stated was positive or negative about the program. The author feels that these statements are as important as having the individual components of the program rated because the youth were able to express how they felt about the program without having to respond to forced-choice questions.

Allan Johnson thought the program was negative because too much peer pressure was allowed. Also, he felt the program did not help him to reintegrate back into the community.

Bill Ryan felt that the staff had very positive effects on him because they were understanding. Negative effects were caused by the violence that went on in the program. "If violence occurred staff were willing to overlook it rather than deal with it, especially when the violence was youth to youth." Bill asserted that the program needed much more research and noted that individualized attention for each youth was very important.

Mario Diaz believed that the most positive aspect of the program was that he was trusted. For him, being allowed out of the building helped him to trust and to be trusted. Mario also mentioned that the program taught him how to get along with others.

Peter Graves stated that the program was too short. Other than that he thought that the program was positive but would not give specific examples.

John Jones was convinced the program had negative effects on him because other program youth taught him how to commit more advanced crimes. John related that the most positive effect on him was that he was "slowed down" long enough to realize how "wild" he was.

Richard Sears, who is presently doing two 20-year concurrent sentences, felt that the program helped him tremendously. He felt the program had very positive effects on him, although he would not give examples.

Juan Rodriquez believed that the Worcester program had a totally negative effect on him: the program wasn't strict enough; he needed more help and did not get it; there were not enough activities; there wasn't enough recreation; and he didn't think the program helped anyone.

Timothy Bent felt that the program had a positive effect on him. In general, Timothy felt that the program was good but needed more integration with the females in the program.

Jay Finnegan considered the Worcester program to be beneficial because it helped him to set goals for himself. Also, it helped him to make a decision about working--to work instead of committing crimes. However, he is doing 13 months in the Middlesex House of Correction and his father reported that he was not able to keep jobs for any length of time.

Ronald Murphy, who is living in the community and has been since he left Worcester, felt that the only positive effect he received from the

program was that it kept him out of the city and away from his friends for a period of time.

Dave Allison felt that the program had a very positive effect on him because he did not recidivate for nearly a year after leaving the program. He attributed his behavior change to the counselors who were able to show him that he had a drinking problem.

Gerald Graham thought that the program had a positive effect on him because it helped him to develop a sense of caring about others and to share feelings more freely.

Richard Peterson disclosed that the program had a positive effect on him because it removed him from the community where he committed crimes. Also, he believed that one-on-one counseling was beneficial because it helped him to understand himself and his actions.

James Brown felt that the program was positive because it was not like a jail. He elaborated by stating that he was not ordered around excessively and that he was not treated unfairly.

George Grayson felt that the program had a positive effect on him because it helped him to change his negative attitude about others.

Karen Veis thought the program had nothing but negative effects on her because being locked up increased her anger and frustrations instead of reducing them. The longer she was in the program the more frustrated she became. It is interesting to note that she has been out of the program

and living in the community since her release. Karen felt she changed because the Worcester Intensive Care Program was so negative she was always afraid she was going to be sent back.

Troy Adelein felt the program was positive because the staff tried to help him.

Gregory Peterson related that the program helped him to look at things in a different way than he had previously.

Peter Farley considered the program to be positive because it improved his attitude toward education. He also felt that there were negative effects derived from fights he had with other program youth.

Alice Duggan thought the program had a positive effect on her because it taught her everything she had to know to survive in the community. In general, it helped her to understand right from wrong.

William Blake felt that the program was extremely beneficial and had a positive effect on him. He thought that the people in the program cared about him, and, in turn, he developed a sense of caring for them. He felt it was the best program that he had been in while committed to DYS.

In this section, Worcester's Effect On You, the author has attempted to provide the reader with an understanding of the effects that the Worcester program had on individual youth. This task was accomplished by dividing the program into its components and having the youth rate each component. The

results of that rating scale have been discussed and shown in chart, table, and graph form. This section also provided the reader with statements from individual youth which illustrate how the Worcester program affected them.

In summary, Chapter IV presented and analyzed youth-related data to determine what programs and/or institutions youth have been involved with since their release from the Worcester Intensive Care Program. To gather the data an interview schedule was developed and administered to the ex-DYS youth throughout the state of Massachusetts. The schedule was divided into two sections, Part A: Where Have You Been--Where Are You Now? and Part B: The Worcester Program's Effect on You. The first section was developed to examine whether or not youth released from the program were reintegrated back into the community. The second section allowed youth a chance to express whether or not the program had positive or negative effects on them.

CHAPTER V

SUMMARY, CONCLUSIONS AND RECOMMENDATIONS

"While there is a lower class I am in it;
While there is a criminal element I am of it;
While there is a soul in prison I am not free."

Eugene V. Debs

Summary

The radical reform movement of 1972 that closed the major institutions left a void. Preparation and planning had to begin quickly to give the appropriate services to youth in need. The philosophy underlying the system of training schools had been replaced by a new, more humanistic approach. It was not enough to merely contain youth. The goal was to rehabilitate and return them to their communities. This new philosophy was characterized in Massachusetts by the implementation of community-based programs. Community-based programs, however, were not appropriate for the serious or habitual offender. The intensive care system was developed by the Department of Youth Services to include additional components that would answer the specific needs of those youth who were labeled intensive care.

Although the definition of intensive care youth was not entirely clear, all youth service agencies agreed that such youth were either a danger to

themselves or the public. The opening of the Westfield Intensive Care program in the summer of 1974 marked the beginning of intensive care programming for the State's most difficult juvenile offenders. The Worcester project, the subject of this investigation, began in January 1975. Although a single theoretical concept was not used in the development of the Worcester program, the author, in this study, examined theories concerning criminal behavior to determine what theories influenced the Worcester program. It was found that a variety of theories influenced the development of the program. Some of the theories conflicted with one another but it is difficult to determine what effect this conflict had on the overall program.

In this study the author described the Worcester program in detail; several important factors should be noted in this summary. The Worcester Intensive Care Program, designed and directed by the author, was a three month treatment program with the goal of reintegrating troubled youth back into their communities. To accomplish this goal, the program utilized numerous intervention strategies. A sampling follows:

- . One-to-one counseling--to help youth address their feelings and to enable them to put their feelings into words.
- . Group counseling--for having youth share their feelings and to guide them through their problems by utilizing support from their peers.
- . Family counseling--to resolve conflicts within youths' families.

Since the program was physically secure a great deal of acting-out behavior was anticipated. A point system was used to help curtail unwanted activities and to promote positive behavior by providing rewards. The acquisition of points was the way a youth worked his way through the program and graduation or termination was determined by points earned for both behavior and participation in the program. In conjunction with the point system a daily schedule was utilized for the purpose of scheduling each and every hour of the day so that a youth would know exactly what was to take place at any given time.

Beyond describing the actual components of the Worcester program, this study also sought to explore the organizational factors which influenced the program so as to provide the reader with a perspective on how the program actually functioned. Factors relating to staff, youth, budgets and the political atmosphere were examined. It was determined that a limited budget, mixing detention and treatment youth together, overcrowding the facility, the lack of appropriate facilities for exercise, and the lack of trained staff combined to create an uncomfortable atmosphere and a situation which made the rehabilitation of youth difficult. It was also shown that because the Worcester facility was secure, DYS placed only the most difficult intensive care youth at this facility without regarding the fact that some youth were inappropriate for the type of programming that was being offered.

To complete the study, the author developed an interview schedule

that was designed to determine what programs and/or institutions youth had been involved with since their termination from the Worcester program. It also allowed youth a chance to express what effects the Worcester program had on them. It was found that of all the youth who were terminated from the program in 1975, 44 per cent were serving adult sentences, 12 per cent were in jail awaiting adult sentences, 12 per cent were in maximum security treatment facilities for juveniles, 24 per cent were living in the community, 4 per cent could not be found and the final 4 per cent had defaulted from adult court and also could not be located.

During the interviews youth gave a wide range of comments about how they felt the Worcester program affected them. Some thought the program was extremely positive while others that the program was totally negative. Various program components were identified and rated by the former residents. Legal service was found to be the most positive component of the program while re-orientation was found to be the most negative. Not all youth reported that they were affected by various program components. In fact, of all the youth who completed the interview schedule, fifteen program components of the total twenty-nine were rated as having no effect by the majority of youth.

Interviewing and locating youth after their release from the Worcester program and DYS was a time consuming and expensive venture. Collecting the data took three months which was much longer than the author anticipated due to the lack of cooperation from the Department of Corrections and difficulty in finding ex-DYS youth.

Whether or not the Worcester experiment was a success or failure is a matter of debate. The amount of impact the overall program had on the lives of the youths is incalculable. Some youths seem to have successfully avoided recidivating through the system, but whether or not the Worcester program can take all the credit is dubious. However, most of the ex-program residents continued their criminal behavior and hence, have graduated to adult corrections. One can insist that most of the youth who entered the program were not able to be rehabilitated or treated. Therefore, Worcester was unrealistic in its goals. Others may argue that the program had appropriate goals and all the necessary components for a functional program of rehabilitation but that the program was too short in duration. The author does not intend to argue these points or list a variety of others because they become tautological verbiage not yet researched. It is obvious that this study has elucidated the need for more answers. More research is needed before we can assess the impact of intensive care programming on the lives of youth. For now, the author will be content with the conclusions drawn from this study.

Conclusions

As stated in Chapter I the study had five objectives. To present a description of the program, analyze the organizational factors influencing the program, analyze the program from a theoretical perspective, analyze the

perceptions of the youth that participated in the program and show where the youth were at the time of the study. These objectives represent the basis for the following conclusions:

Program Related Conclusions:

1. Based on the results of the study, the author concludes that although the Worcester Intensive Care Program was initially designed for purposes of treatment, it soon became, by necessity, primarily concerned with the provision of a maximum security setting for youthful offenders.
2. The decision to place a youth at the Worcester program was not based upon the appropriateness of the services available but, rather, upon the need to sequester youths whose aggressive behaviors had precluded the possibility of their being treated/rehabilitated in any other DYS program.
3. Even though DYS was committed to developing the concept of intensive care as it existed at Worcester, the agency overcrowded the facility with detention youth which created problems for the administration, staff and youth.
4. The study of the Worcester program shows that mixing detention youth with treatment youth created conflict between the two populations. Physical confrontations were usually caused because of jealousy over the distribution of privileges and the amount of attention given to program youth.

5. Counselors who were forced into a dual role of being both counselors and security staff at the Worcester program encountered difficulty in successfully combining the two roles. For they were simultaneously expected to develop trusting counseling relationships with youth while also charged with the responsibility of institutional security.
6. The Worcester program did not have sufficient funding to adequately develop a professional staff of counselors, to provide a year round recreational program, to develop long term professional follow-up services for program youth, to comply with the Office of Children regulations, or to develop an adequate food service program.

Youth Related Conclusions:

7. The major goal of the Worcester Intensive Care Program, to reintegrate program youth into their home communities, was not met for all the youth. Specific findings in the study support this conclusion. Of all the youth who left the Worcester program 44 per cent were found incarcerated in adult institutions, 12 per cent were in jail awaiting adult sentences, 12 per cent were in maximum security institutions for juveniles, 4 per cent could not be found, 4 per cent had defaulted in adult court and 24 per cent were found living in the community.

8. Based on the results of this study the author concludes that whether youth viewed the program positively or negatively bore no direct relationship on their behavior in the community after their release from the Worcester program.
9. The author is not able to determine what combination of factors caused the high recidivism rate shown in this study. However, the author concludes that no single factor is responsible for the amount of youth who entered the adult criminal justice system.

Theory-Related Conclusion:

10. The results of this study show that the development and daily functioning of the Worcester program was influenced by a mixture of many theories. The lack of a single theoretical base may have confused the staff's understanding of how the program goals were to be achieved beyond the use of a point system or a structured daily schedule.

Recommendations

Based on the results of this study the following 11 recommendations are suggested as ways of improving the Worcester program specifically, and the Intensive Care System generally. Even though the administration and focus of programming has changed since 1975, the author believes that these recommendations are still applicable.

The author recommends that:

1. DYS temporarily close the Worcester program for renovations in order to bring the facility into compliance with Office for Children guidelines.
2. DYS fund and develop an appropriate and individualized aftercare plan for each youth prior to termination from the Worcester program or other intensive care facilities. It is suggested that each youth have access to vocational training, educational programming, employment, on-going one-on-one and family counseling and suitable housing as appropriate.
3. DYS undertake a follow-up study of all intensive care youth so as to more accurately assess the adequacy of the current intensive care system and to generate data that can be used in evaluating alternative treatment strategies.
4. No detention status youth be admitted to intensive care programs. In place of the current policy it is suggested that facilities be developed to provide humane custodial care to those detention youth who are dangerous to the public or themselves and who can not be secured in any other placement.
5. DYS develop and financially support an on-going staff training and re-training program in an effort to improve service delivery to intensive care youth.

6. Adequate recreational facilities be developed. Specifically, the author suggests the construction of an on-site gymnasium.
7. Intensive care programs utilize the results of current research in the social sciences in the formulation of a sound theoretical base for program development and implementation.
8. The budget for the Worcester program be substantially increased for the purpose of hiring a more qualified staff and making substantive programmatic changes.
9. DYS develop a pilot program in an effort to determine whether or not longer treatment programming for intensive care youth is helpful in the rehabilitation and reintegration of youth into their communities.
10. DYS allow the Worcester program to control the intake of youth into the facility. This could decrease the inappropriate placement of youth at Worcester and increase the likelihood of rehabilitation.
11. DYS study the overall effects resulting from intensive care youth being confined together. This recommendation is made as a result of youth statements which revealed a negative peer influence in the program.

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APPENDICES

APPENDIX A
THE INSTRUMENT

Interview Schedule

Name of Youth: _____

Youth Presently Resides at: _____
_____Part A: Where Have You Been -- Where are you now?

1. As well as you can remember, how many other DYS programs have you been in since you left the Worcester Intensive Care Program? _____
2. Please identify each program that you have been in since you left the Worcester program and state what kind of program it was, i.e., maximum security, shelter care.

_____ How long? _____

_____ How long? _____

_____ How long? _____

_____ How long? _____

3. How many times have you been arrested since you left the Worcester program? _____

Comments: _____

4. Have you been sent to jail or prison since you left the Worcester Program?
yes _____ no _____

5. How many times have you been in jail since you left the Worcester program? _____

6. Please identify each jail, house of correction and/or prison that you have been in?

7. The major goal of the Worcester program was to reintegrate you back into the community. Please give examples of how the program did or did not reintegrate you back into the community.

Part B: The Worcester Program's effect on you

From your perspective, did the Worcester Intensive Care Program have a positive or negative effect on you? Give examples of positive or negative effects on you.

Please rate the following program components in terms of the effect that they had on you.

<u>Program Components</u>	<u>Effects on you</u>						
	very positive						very negative
1. one on one counseling	1	2	3	4	5	6	7
2. group counseling	1	2	3	4	5	6	7
3. family counseling	1	2	3	4	5	6	7
4. daily scheduling	1	2	3	4	5	6	7
5. education program	1	2	3	4	5	6	7
6. recreation	1	2	3	4	5	6	7

Program componentsEffects on you

7. seminars	1	2	3	4	5	6	7
8. maximum security setting	1	2	3	4	5	6	7
9. point system	1	2	3	4	5	6	7
10. reorientation	1	2	3	4	5	6	7
Outside privileges							
11. one on one	1	2	3	4	5	6	7
12. group	1	2	3	4	5	6	7
13. solo	1	2	3	4	5	6	7
14. weekend	1	2	3	4	5	6	7
15. vocational training	1	2	3	4	5	6	7
16. legal services	1	2	3	4	5	6	7
17. medical services	1	2	3	4	5	6	7
18. job placement	1	2	3	4	5	6	7
19. religious services	1	2	3	4	5	6	7
Staff							
20. aftercare workers	1	2	3	4	5	6	7
21. juvenile supervisors	1	2	3	4	5	6	7
22. shift supervisors	1	2	3	4	5	6	7
23. counselors	1	2	3	4	5	6	7
24. teachers	1	2	3	4	5	6	7
25. administrators	1	2	3	4	5	6	7
26. regional caseworkers	1	2	3	4	5	6	7

Program componentsEffects on you

27. regional administrators	1	2	3	4	5	6	7
28. aftercare implementation	1	2	3	4	5	6	7
29. other program youth	1	2	3	4	5	6	7

Comments: _____

APPENDIX B

**THE STATE EVALUATION OF THE WORCESTER INTENSIVE
CARE PROGRAM**

WORCESTER INTENSIVE CARE UNIT

EVALUATION

TEAM MEMBERS: Tom Darcy
Larry Clark
Diane McCafferty
Bob Brown
Sharon Donahue

GENERAL INFORMATION:

NAME OF PROGRAM: Worcester Intensive Care

LOCATION: Belmont Street, Worcester, Massachusetts

CAPACITY: 24 youths total

PRESENT POPULATION: 32 youths

REGIONS SERVED: Open to all regions

RESIDENTS: Good

IN OPERATION SINCE: March, 1975

IS FACILITY LICENSED BY O.F.C? No

TYPE OF CONTRACT: Purchase of Service, fixed cost to D.Y.S.

CONTRACT RENEWAL DATE: N.A.

DESCRIPTION OF YOUTH SERVED: D.Y.S. Committals

COST PER CHILD PER WEEK: N.A.

EVALUATION DATES: 8/19/75 8/25/75
8/21/75 8/26/75
8/22/75 9/5/75

NO. OF VISITS: Six

NO. OF HOURS: Interviewing staff - 140 hours
Interviewing youths - 100 hours

NO. OF HOURS: In other places interviewing community representatives
and doing research - 30 hours

The Worcester Intensive Care Unit is a program designed by the Department of Youth Services to house thirty-two youths. It is a secure, locked facility housing both detained youths and program youths.

The majority of staff who work at the facility are state employees, either permanent state employees (civil service) or temporary and provisional state employees (non-civil service). In addition to state employees, there are also Title I employees (federally funded education employees) and private groups contracted by the Department of Youth Services to provide services.

The facility was originally designed to house twenty-four youths and does not structurally comply with Office for Children Licensing regulations. The program, at times, has been forced into housing more than twenty-four youths by the administration of the Department of Youth Services.

As stated above, the program provides services to both detained youths and program youths. Detained youths are those youths under the jurisdiction of the courts, awaiting hearings, trials, and dispositions on their cases. The detained youths placed in the facility are those youths having serious previous juvenile histories, committed serious offenses, i.e., felonies, or have histories of defaulting from court appearances. Detained youths are placed in the program at the discretion of the regions of the Department of Youth Services who have access to program slots. Programmatic youths are those youths who have been adjudicated delinquents by the courts and placed under the care and custody of the Department of Youth Services. These youths are sent to the Worcester Intensive Care Unit by an "Intensive Care Board" and are accepted for secure treatment. Once again, only regions of D. Y. S. who have program slots assigned to them can place a youth in the program.

The program is designed to provide youths enrolled with a minimum of thirteen weeks of treatment and education before reintegrating them into their home communities. The treatment aspect of the program is geared toward stabilizing youth's behavior through structure, providing counseling in one to one sessions, group therapy, and seminars. Program youths are provided in-house education by certified teachers.

Program youths are reintegrated home with help from family counselors or placed in foster homes found by the foster home finder. Program youth are also assisted in attaining jobs by a job resource developer. The program's goal is to reintegrate youths into the community upon the completion of the in-house program, with the necessary supportive services to deter youths from further police or court action.

The upper floor of the main facility contains three wings and three offices. One wing of the building is used to house females enrolled in the program, and the largest wing houses males enrolled. The third wing is used to house male detention youths who are held by D.Y.S. but are under the jurisdiction of various courts.

The girls' wing can adequately accommodate six females in four rooms. This wing also contains a single room, used primarily as a lock-up for acting out youths. The girls' wing also has a bathroom used by female youths only.

The boys' wing can accommodate eleven boys in seven single, and two double rooms. This wing has a bathroom with two showers, a tub, a sink with two faucets, a urinal, and two commodes.

The detention wing has four single rooms, a double room, and can accommodate six youths. The detention wing also has a bathroom and a storage room.

The single rooms are six feet by nine feet in size and the double rooms are ten feet by twenty feet. Each single room has one bed which is cemented to the floor and a 3' by 5' opening with 28 eight-inch by eight-inch window panes constructed with a metal frame and built into the building structure. The double rooms contain two beds and two windows and are of the same type construction as the single rooms.

Ventillation within the building is provided by windows and overhead skylights and fans. There is one skylight in the girls' wing, two in the boys' wing, and two in the detention wing. Each room has one window, 8" x 32" which can be opened to let air into the room.

Security within the rooms is provided by the window construction, and the oak doors, which contain a five tumbler bolt lock and a buzzer system which is connected to a central control panel in the control room. The program is also in the process of placing heavy gauge wire mesh on the window openings of the detention wing rooms. The director stated that this wire mesh was being added in hopes of decreasing the number of runs of youths from these rooms.

Lighting in the room is provided by the windows and by lights controlled by switches located in the control room. Lighting on the wings is provided by the skylights during the day and by lights during the night, controlled by switches located in the control room.

The building is heated by hot water circuits in the floor. Thermostats are located in the administrative offices and are controlled by staff. Controls for the heating system are not accessible to youths.

The boys' wing has three couches, a color television set, two tables, a 12' by 80' rug, and a number of chairs. The detention wing also has a color television set, but only one table, and a number of chairs.

The three administrative offices are used by the program director, the assistant director, and the program secretary. The secretary's office is the largest of the three, and contains two desks, three filing cabinets, a speaker control system, and other office machinery. The director's and assistant director's offices are similar and contain a desk, filing cabinets, bookcases, and a number of chairs. The offices are adequate in size and contain the necessary office equipment and supplies.

The lower floor of the building contains the kitchen, dining room, recreation room, storage rooms, classroom, and offices for the nurse, the educational director, the psychologists and the family therapists. There are also bathrooms on this floor which are used primarily by staff and volunteers.

The kitchen is equipped with two large refrigerators and one small one, a stove, dishwasher, and sink, fryolator, steam table, and milk machine. The dining room is adjacent to the kitchen and there are enough chairs and tables here to allow the dining room to be used also as a meeting area. The dining room also has a piano.

The recreation room contains a ping pong table and a pool table, both of which get much use but are in good condition. The room also has benches for youths who are waiting to use the equipment. Adjoining the recreation room are two offices, one of which is used by the program's nurse and contains a desk, medical equipment, and medical supplies. The other office is used by the program psychologist and contains a desk and chairs.

The laundry room is equipped with two washers, a dryer, and a table used while folding clothes. On one side of the laundry room is a cleaning closet, the boiler room, and a storage room. On the other side of the laundry room are the educational director's office and a classroom. The educational director's office has a desk and a table and is also used as a classroom. This office has a chalk board. The classroom has tables, chairs, bookcases, and books, but no chalk board. One teacher stated that the educational program needed supplies such as pencils, paper, and books.

Across the hall from the classroom are two small offices which are used for counseling sessions by the family therapists. One office serves only as an office and has desks and chairs and a file cabinet. The other office has easy chairs and is used for counseling.

Outside of the building are a basketball court and a field, both of which are enclosed by a twelve foot fence. The fenced enclosures are topped off with barbed wire. These two areas are used primarily for recreation activities. There is also another enclosed area which is used for lounging in the sun. This area is enclosed with an eight foot stockade fence and has three tables, two of which have umbrellas attached to them.

SERVICES

Meals for the program are either prepared in the kitchen or brought in from Worcester State Hospital. The program employs a cook who prepares many of the meals. Meals are brought in from the hospital when the cook is not on duty, however, the breakfast meal is usually handled by program staff and youths. The line staff supervises female youths in the serving of meals and cleaning up after the meals. Program youths eat at a different time from detention youths in order to separate the two programs and prevent detention youths and program youths from co-mingling.

Staff supervise the laundering of youths' clothing, linens, and towels. Residents are responsible for the cleanliness of their rooms and their respective wings. Staff are responsible for the cleaning the offices and the other areas are cleaned by the residents. The program employs a youth who has graduated from the program for the upkeep of the grounds outside of the building.

Building maintenance is handled by staff assigned to this detail. Damage is kept at a minimum and any needed repairs are made on the same day or the next work day. Some repairs are contracted out to private contractors. The director stated that damage is repaired as soon as possible to keep the building in shape and also as a means of controls. He stated that if youths do not see damage then they are not likely to do any damage.

EVALUATIVE

The program has made the facility as comfortable and homelike as possible while at the same time making it as secure as possible. The program provides curtains in all of the rooms and all youths have lockers to store their belongings. Youths are allowed to have their own stereos and television sets

in their rooms and may hang posters on the walls. However, with all of the improvements that have been made by the program, the building still conveys the feeling of an institution.

The size and construction of the building places limitations upon the program and adds pressure to the building. The building was originally constructed to accommodate twenty-four youths, but the program has been forced to take as many as thirty-two youths. It is against regulations of the Department of Public Health and the Office for Children to have more than twenty-four youths living in this building. The program is also limited by the wing size. The girls' wing has six beds but has been averaging more than nine youths since February, and the boys' wing has eleven beds.

From the observations of the evaluation team, it would appear that the present boys' wing should be used to house detention youths because there are more beds. The problem that arises with such a change is that the boys' wing is not as secure as the detention wing. The boys' wing is larger and would require more staff to supervise the wing, if this change were made. This wing also lacks the heavy gauge wire screens that are presently being installed in the detention wing. The evaluation team makes this recommendation based on the number of youths on detention compared to the number of program youths in the building at any one time. It is the opinion of the evaluation team that if such a change can be implemented, the program should be allowed two to three months to make this change. As stated by the program director, the violations in terms of the number of youths being housed in the facility should be brought to the attention of the Assistant Commissioner of Clinical Services and the Commissioner of the Department of Youth Services, because these are the people responsible for setting the policies that have created this situation. However, this arrangement was originally made on a temporary basis, until another facility could be opened. The evaluation team concurs with the program that there should be no more than twenty four-youths living in the building at any one time.

The evaluation team commends the staff on the services they provide and supervise. The meals are nutritious and ample in quantity. The program staff negotiate with the Worcester State Hospital so that meals are tasty and not repetitious. In addition, the program, including staff and youths, prepares meals at least five times a week.

The laundry services adequately meet the needs of the youths. Staff supervise and do the laundry daily, so that youths can have clean clothes and linens.

The maintenance of the building meets the program's security needs as well as the needs of youths. As observed by the evaluation team, problems that arise with machines in the building or damage to the building are corrected and repaired immediately. Maintenance staff put much personal time into repairing equipment and construction of the facility.

The recreation space and activities areas within the building are supplemented by recreational activities which take youths out of the building. (See Recreation section) The program does have deficiencies in educational materials as stated previously in this section. The educational director is trying to acquire these needed supplies which are not provided for in the total program budget.

ADMINISTRATION AND STAFF

ROLES AND RESPONSIBILITIES

DIRECTOR - The administration at Worcester Intensive Care Unit is basic and linear. The director is the "boss." He identifies himself in this role and is acknowledged as such by the entire staff and the youths in the facility. The director sets overall policy, arbitrates day to day performance decisions among both staff and youths, oversees much of the major disciplinary actions, and is the ultimate arbitrator of such actions. There are several factors which have led to the establishment of such a centralized authoritarian system. Historically, five months prior to the date of this evaluation, the Worcester Unit had undergone extensive changes in leadership, philosophy, direction and personnel. An entrenched administrator working from a more traditional detention/reception model was replaced by the new director with a mandate to set up a secure, moderately long-term (3-4 months), intensive care treatment model for many of the most difficult youths in the department. A tightly constructed point system/step progress model was developed by the new director as the treatment modality. With the administrative and directional changes in the unit's evolution, a number of key administrative staff were transferred to the regional staff. The staff was augmented by a large number of state employees, many of whom were older and whose primary experience had been working as cottage masters under the dismantled training school system. In interviewing several staff members who underwent the transition, it is clear that it was a period of dislocation, uncertainty, and apprehension among the hastily assembled staff. Several acknowledged that they were looking for a strong leader to provide direction, support, and safety within a defined, prescribed role. The director appears to have provided stabilization through his availability (all staff respect the number of hours he invests in the unit, estimates ranging from 60 hours a week and upward), accessibility to the staff as he is highly visible on the floor, active intervention into problems with the youths, and the establishment of clearly defined and structured areas of responsibility for each staff member. Worcester's administrative structure is a model dependent on a strong, vigorous director, however it appears to be appropriate for the present staff and the functional expectations of the Department for the unit.

ASSISTANT DIRECTOR - The assistant director serves on an in-charge basis in the absence of the director. He is assigned certain administrative duties by the director involving staff and decisions affecting youths. He confers with the director, participates in the development of policy, and assists in their implementation. The assistant director assumes the primary responsibility for matters concerning maintenance of the building, supplies, and grounds.

SHIFT SUPERVISOR - In the Worcester system, the foundation of day to day supervision of the interaction of both youths and line staff on the floor rests with the five shift supervisors. Four are permanent shift supervisors, another assumes this role on a weekend basis. These five staff members were selected by the director as the most capable and responsible staff with the strongest leadership abilities. They monitor the location and activities of all the youths and assign the staff to supervise the youths in each area. Nearly all decisions occurring during a shift, such as which activities will take place, who is to take part in which activity, and the duration of activities are made by the shift supervisors within the general activity schedule. Questions of disciplinary action, requests for privileges (such as use of the phone or permission to move from one area of the building to another) are routinely cleared through the shift supervisor. The shift supervisors are responsible for maintaining a total count of the youths in the building, the location of each youth and staff member, and that each youth or group of youths are adequately supervised by line staff. They are the ultimate and highly visible arbitrators of what is going on on the floor and the decision-makers for youths and line staff alike. As the director is clearly the "boss" of the facility, they are the "boss" of the floor. They assume their responsibilities with pride and there appears to be some competitiveness among themselves as to which supervisor operates the "tightest ship." Decision making, up and down, appears to consistently go through the shift supervisor.

LINE STAFF - The line staff or juvenile supervisors appear to be utilized as primarily observers and stabilizers of the status quo. They are assigned to particular locations, to supervise particular groups of youths as assigned, and overseen by the shift supervisor. Their basic function is to maintain calm to keep things "cool." They intervene by admonishment or distraction when the interaction among youths begins to become heated or potentially volatile. They may play cards with the youths, watch television together, talk to the youths, supervise activities such as pool or weight lifting, however their basic function appears to keep on top of what is going on among the youths and intervene to maintain relative harmony, rather than intimately interacting with the youths in their charge. As mentioned previously, most decisions which depart from the norm are referred to the shift supervisor. Of the forty line staff juvenile supervisors, men and women, 14 are within three years of retirement. Basically, their prior experience has been in the training schools. What appears to be somewhat limited interactions with the youths on a personal level and lack of flexibility within the line staff appears to reflect a realistic assessment of many of their capabilities and is consistent with the goals of the unit. security and internal harmony. This is probably particularly true, as during the time of the evaluation eight additional male detention youths had been imported awaiting the opening of a new secure detention program on top of the regular 24 program youths, creating real stress and concern within the unit regarding security and the potential for internal crisis.

CLINICAL DIRECTOR - The clinical director is nominally the third person in line administratively. He is directly responsible for the supervision of four counselors and their duties within the unit and their communication with the courts and regions from which the youths are referred. Administratively, the clinical component of Worcester appears to interact within the administrative structure in a tangential manner. The day to day living circumstances of the youths are entrusted to the shift supervisors. Long range planning and the program of the youth within the programmatic treatment system are closely monitored by the director. At the time of the evaluation, the counselors were younger than most of the line staff and relatively new to the facility. Their knowledge, opinions, and suggestions regarding dealing with individual youths would be communicated to the clinical director, passed up to the director, and back down to the shift supervisors. Opinions and suggestions from the clinical personnel in regards to administrative handling of youths appeared to rarely be communicated directly to the shift supervisors, but took the more circuitous route. The director was in the process of expediting more direct communications by requiring the clinical personnel to assume some floor responsibilities to bring the clinical personnel and shift supervisors in closer contact, to increase mutual understanding of the responsibilities of each and to enhance communications, respect, and cooperation. This appeared to be a promising task in regards to efficiency in information sharing and staff solidarity. The clinical personnel, although not in direct administrative line authority, would thereby become more involved in day to day decision making for the youths in care.

EDUCATIONAL STAFF - The educational staff appeared to be outside the administrative structure. The educational director is required to evaluate the educational needs of youths, design and administer educational programs with the assistance of one Chapter 766 full time teacher, and two Title I assistants, as well as college interns. The shift supervisor assembled the youths who were to attend school and directed them to school. They were very heavily involved as to the decision as to who would be appropriate for school, in respect to current behavior and attitude. They assumed a significant degree of responsibility in prescribing disciplinary action should misbehavior occur in school.

STAFFING PATTERN

The Director is on the premises from 9:00 a.m. to 5:00p.m. Monday through Friday, although he obviously spends a great deal more time in the facility than what is prescribed. He frequently remains well into the evening, appears on the weekends, and is constantly in touch with the unit by phone. His calls into the unit to check on "how things are going" are noted in the log and are frequent and regular throughout the evenings and weekends.

The Assistant Director, Principal Psychologist, and Administrative Assistant are scheduled for a 9:00-5:00 work week, however, they all obviously extend this investment, including being on call for emergencies during the weekend and off-duty hours. The counselors are on duty in a more flexible manner as their duties require. The two in-house counselors are responsible for groups in the afternoon and a seminar in the evening. The Director's emphasis is that the groups and seminars take place as designed in the daily schedule with preparation rather than holding those responsible to a rigid time schedule for attendance in the building.

Line staffing of the three daily shifts provides an ample number of personnel, although the individual capabilities of the staff members varies considerably. Typically, the 3:00 to 11:00 tour of duty is staffed by a shift supervisor and four or five male line staff, one of which may be the cook, and two or three female staff members.

On weekends, the programmatic aspects of Worcester constricts. The youths sleep later, a good deal of their attention is directed towards cleaning the building, and recreation is primarily internal. The line staff ratio remains much the same, however the program is much more constricted, i.e., limited outside trips and activities, etc.

LINEs OF COMMUNICATION

The daily log book appears as a comprehensive and useful communication tool among the staff as well as an accurate permanent record of events that have occurred on a day to day basis within and outside the facility. It includes admissions and discharges, outside trips, youth passes as well as internal events. A shift report is submitted by all staff at the end of their tour of duty to the Director or Assistant Director. It includes any incidents which have occurred, describes the behavior and the attitudes for those involved, how it was handled and suggestions for follow-up.

The daily log also serves as a mechanism for the administration to communicate policy to the line staff and also an opportunity for feedback from line staff to each other and to the administration. It is utilized as an informational tool rather than an emotional outlet.

The most impressive communication mechanism in Worcester is the shift supervisor briefings between shifts. The shift supervisor who is relieved of duty meets with the oncoming shift supervisor and several line staff and relates the events of the preceeding shift including the subtle interactions of the youths which may be difficult to clarify in writing in the log but is invaluable to the incoming staff in being aware of the climate of the facility and predicting and anticipating what to expect during the next eight hour tour of duty. The cooperation and

communication of subtle interactions is highly useful and demonstrates mutual staff concern.

According to the Director, general staff meetings are on a need basis. Clinical communications are passed from the counselors to the Principal Psychologist to the Director. The Director makes the relevant decisions and passes them back to the clinical staff and the Director may notify the shift supervisors if relevant, who in turn, passes it on to the line staff.

LINES OF AUTHORITY

The primary line of authority is direct and simple. The Director communicates his policy to the shift supervisors who implement policy by passing it on to the line staff and youths. Problems on the floor are passed upward to the Director by the shift supervisor. The Assistant Director may participate in policy decisions, is advised of such, and implements them in the absence of the Director. At the time of the evaluation, clinical and educational staff appeared to have less input into policy decisions and very less input into their implementation unless they were directly affected by the policy. Their information and suggestions were presented to the Director through the Principal Psychologist.

HIRING, FIRING, AND PROMOTIONAL POLICIES

The Director was recruited from the ranks of the Westfield Unit. The Assistant Director was promoted from within the Worcester Unit. The Principal Psychologist was retained from the previous administration. The counselors were, for the most part newly hired by the Director. The shift supervisors were chosen by the Director from the pool of available state employees as the most reliable, responsible, and capable of leadership.

Terminations are defined by the Commonwealth of Massachusetts Red Book regulations and Civil Service guidelines. Documentations of incompetence or neglect of duties are maintained by the Director, suspensions are applied by the Director, and recommendations for dismissal are referred to the Central Office for action within Civil Service guidelines.

Promotions are determined as positions are available within the slots allotted to the facility. Within these limitations, promotions may take the form of schedule considerations convenient to the staff member in return for increased responsibility.

EVALUATIVE

The administration and staffing structure of Worcester appear as a system with clearly defined roles and responsibilities, simple and direct lines of communication, lines of authority, and a highly centralized decision process resting with the Director. This appears to stem from the nature and prior experience of the amalgamation of staff assembled at Worcester and the needs of the Department of Youth Services for a highly organized and structured unit within the intensive care system. The emphasis on structure, security, and centralized decision making was particularly enhanced at the time of the evaluation by the imposition of eight additional secure detention youths, on top of the regular 24 capacity. The addition of a substantial number of youths with no ties to the program or programmatic goals placed a great internal strain on the unit. When the new secure detention component at Danvers exists, hopefully the attention of Worcester can be redirected to the programmatic youths with some relaxation of regimentation. At the time of the evaluation, the ultimate concern was directed towards security and internal harmony with necessarily some sacrifice in dealing with youths on an individual and personalized basis. As security and internal harmony are primarily the responsibility of shift supervisors, a great deal of influence as to the day to day activity and handling of youths was concentrated in their hands. With a smaller number of youths and programmatic direction for all youths, as well as increased communication and mutual input between shift supervisors and clinical and educational staff, their treatment input will be significantly enhanced. This will allow some relaxation in the unit and better serve the individual treatment work of the youth in care. These goals are presently being actively pursued by the administration despite the handicap of a mixed and too large population.

The evaluation team recommends that a recreation specialist be hired as soon as possible. What is needed is an individual with the personality, sense of responsibility, and capabilities to cut across the regimented structure and offer the youth an increased opportunity for keeping active and releasing energy. This will occur when areas such as the basketball court, game room, and etc. are not being utilized and some youths are relatively idle awaiting their next schedule activity and/or line staff are otherwise engaged.

It is obvious that a tight, highly structured system can be relaxed more effectively and safely than a disorganized, chaotic system can be tightened up. In the opinion of this evaluation team, Worcester has started from the correct point and is maturing as a program with more diverse sets of input. This will be accelerated with reduction and redefinition of the youths in care.

PROGRAM NARRATIVE

The treatment for program youths is based on a thirteen week period. Youths earn points for positive behavior in the program and for participation in educational classes, groups, and seminars. The acquisition of points is explained in the appendix under "'Points' How They Work." Also found in the appendix is an explanation of the "Reorientation Process," a copy of youth's score sheet, and the daily program schedule.

The daily schedule was devised by the program director and some of the staff members. The schedule was made to provide a simple, well structured plan that could be understood by both line staff and youths. As stated by the program director, the schedule was drawn up with the intention of providing the maximum time for program activities, thus minimizing the amount of idle time left to youths. The director felt that given idle time, youths would get bored and be involved in negative behavior. The schedule is rigid and the director insists that it be complied with, without exception. The schedule, as stated by the director, is the backbone of the program and the axis around which both staff and youths revolve. The staff liked the schedule because it provides concrete activities for youths and definite areas of responsibility for them. The schedule also divides youths into groups which permits better supervision of youth by the line staff.

Program youths interviewed by the evaluation team liked the daily schedule because it provides structure but youths stated that they did not like the structured educational classes. Youths also felt that they did not have input into changing the structure of the daily schedule, but youths also stated that suggestions they make are taken into account and at times incorporated.

Program youths were familiar with daily acquisition of points but were not sure of their own point totals. Although youths were given point sheets, they did not keep track of points accumulated. A master point total sheet is kept in the office for youths. Although youths do not have access to the office records, they can ask staff for their point standings.

EDUCATIONAL COMPONENT

The summer educational component of the program was staffed by the educational director, one full time teacher, two part time teachers (10 hours each) and the Guild Players (five people). During the school year, the educational staff includes the educational director, one or two Title I teachers, one teacher from the Worcester Public School System, and a number of college interns.

The goal of the educational unit, as stated by the educational director, is to have the majority of the youths attain fourth grade level abilities in reading and math. The educational director stated that most youths in the program had below third grade abilities in both these subjects, although chronologically, they should be in high school.

Youths coming to the program lacking psychological or educational testing are given the Wide Range Achievement Test to determine their educational abilities. The educational director also stated that youths were grouped according to their maturity as well as their educational abilities, but at the time of this evaluation, there were no groups because there were only six program youths. The Wide Range Achievement Test is administered again by the program periodically to measure youths' progress.

On the Tuesday and Friday of the week of this evaluation, the Guild Players came in, full time, with five staff to help produce the play, "In Cold Blood." Youths were instructed in silk screening, video taping, makeup, acting, and other necessary skills essential to the production of the play. The group has been involved in this production for the past nine weeks and will terminate at the end of August. The culmination of the program is the youths' production of the play.

On Monday, Wednesday, and Thursday, youths attend classes in reading, math, and social studies. The program also has a course to prepare youths for their General Equivalency Diploma, and has had one youth, since January, 1975, complete his G.E.D. The evaluation team observed the classes for three days. The math course was primarily a paper and pencil course with youths solving problems, i.e. addition, subtraction, fractions, multiplication, and division. Youths were assisted by teachers in solving difficult problems. In the reading class observed by the evaluation team, the individual youths were reading silently, and were assisted by the teacher with words they could not pronounce or comprehend. These classes were individualized because of the small number of youths in the program at this time. The course work appeared to be geared to the youth's abilities.

The afternoon class period observed by the evaluation team was educationally structured and provided youths the opportunity to use such educational games as Scrabble, Password, Mathematic Scrabble, etc. Youths appeared to be more motivated in this class and participated enthusiastically in the various games. The teacher not only supervised the class, but also participated in the games. The afternoon class was better attended than were the morning classes.

Youths can earn three points a day by attending and participating in the three classes, accumulating a possible total of fifteen educational points a week.

Teachers informed youths of points gained prior to the end of each class and youths who attended the class but did not participate were told by the teacher why they were not awarded their points for that class. The awarding of points for attendance and participation in classes serves as a control for getting youths to school. The program youths that did not attend classes had to sit in their rooms until the end of the class. The technique of having youths stay in their rooms also serves as a control for motivating youths to attend classes.

The educational director stated that the school was lacking in supplies as well as educational equipment. She also stated that there were no monies available for her to purchase the needed supplies. The director was in the process of obtaining audio-visual aids on loan, which the teacher felt would help stimulate the classes and youths.

VOCATIONAL COMPONENT

Youths who need or want vocational counseling are referred to Massachusetts Rehabilitation. There is no formal vocational component provided by the program although one youth previously enrolled and graduated from the program was employed through Neighborhood Youth Corps and is presently working at the program. This youth lives in a foster home and works with the maintenance staff of the program. He is receiving informal on-the-job training and is learning several different skills.

The program also has a staff member whose only responsibility is to help youths determine and plan for their vocational interests. She interviews youths as they near graduation from the program, then develops resources and alternatives from which they may choose. (See Aftercare section)

OCCUPATIONAL COMPONENT

There is no formal occupational component to this program, but one staff member is assigned to job placements for youths successfully terminating from the program. (See Aftercare section) There is a youth working with the maintenance staff of the program under Neighborhood Youth Corps funding.

RECREATIONAL COMPONENT

There are two formal recreational periods a day for youths but the shift supervisors may add additional periods depending upon the general attitude of the youths in the program. The recreational programs for detained youths and program youths are separate and distinct.

In the building there is a ping pong table and pool table for recreational use. There are also various games and decks of cards for indoor recreation

use, in addition to the two color television sets, one in the detention wing and one in the program wing. A basketball court is adjacent to the building and a baseball field on the program grounds is also used in the recreational component. Both the court and the field are enclosed with a twelve foot link fence and topped with barbed wire for security reasons.

Program youths are the only youths allowed to participate in outside recreational activities. Outside activities are used as a reward for program youths and differentiate program youths from detention youths. These outside activities are: use of the local Y.M.C.A. facilities, films at the various theaters and drive-ins, and tours of museums throughout the state. Youths toured the battleship U.S.S. Massachusetts while the evaluation was being conducted.

EVALUATIVE

The overall program is highly structured and may be viewed both positively and negatively. The structured schedule is viewed in a positive way because it stabilizes youths by providing them with a simplistic system which they are able to understand. This system is also designed to inform youths of consequential outcomes of negative behavior. The structured schedule clearly indicates the program's goals for youths and clarifies what and when events are to happen. The schedule also provides staff a structure which they can easily follow. Staff and youths appear to like the concreteness of the program. structure and feel that it allows for fair and just treatment.

The disadvantage of such a highly structured system is that youths' emotions and feelings tend to be suppressed although groups and counseling sessions are provided to deal with this. Structure also has a tendency to eliminate spontaneity and creativity, fostering a certain amount of dependency on the part of youths to the program.

The opinion of the evaluation team is that the structure of the program is necessary for the program's success. First, youths are in the program for so short a period of time that any change in the structured schedule of the program would tend to lessen the impact of the program on youths. Second, the makeup of the clientele in the program demands the amount of structure in this program. The majority of youths referred to the program have successfully negotiated around systems and other programs in which they had previously been enrolled. The structure of the program reduces the tendency to test and "con" staff. Third, the absence of this organizational structure would cause more confusion on the part of staff. The structure separates the groups (detention and program) and allows both to run smoothly. The

structured setting defines each staff member's responsibility and duties.

It is also the opinion of the evaluation team that the needs of youths are being met both physically and emotionally. The educational component tries to meet the needs of youths but is lacking in supplies and equipment necessary to perform this task most effectively. Staff try to adjust to each youth's individual educational needs, but have problems because of the wide range of differences in youths' educational abilities. The greatest drawback to the program's educational success is the degree of educational motivation of youths. The majority of youths object to any type of formal education because of negative experiences they have had in public school systems. The educational points awarded to youths serve to get youths to attend classes and to participate in a limited fashion, but motivation is left to the teachers who are hampered by the lack of equipment.

The vocational and occupational components are important factors to the success of youths completing the program. The length of stay in the program is too short for the program to provide any meaningful vocational component, although youths want job training. The security factor of the program eliminates any outside occupational programs, however, the aftercare component helps to insure a youth's continued success after graduation from the program.

There is presently a need for a recreational director for the program. The use of the recreational equipment at the facility could be utilized more fully with proper planning by a recreational director. The shift supervisor, who presently schedules recreational events, has too many other duties to properly plan and develop a recreational program. A planned recreational program would be beneficial in providing an alternative to boredom for detention youth as well as providing youths with another area in which they might succeed. There is also a need to develop a recreational program for girls or some alternative type program geared toward their interests.

There is adequate recreational equipment within the facility although there is a need for the basketball court to be enclosed with a roof for additional security reasons as well as providing year round usage. The television sets are overused by youths but would not be if there were alternate recreational plans.

INTAKE

Intensive Care Program youths are accepted into the Worcester unit through guidelines set up and outlined in the Intensive Care manual. Briefly, a youth is identified within the individual region as being a potentially acceptable intensive care candidate. The region holds a case conference including as many people who have had significant input to the youth in the past, as possible. These people would include the caseworker, counselors who worked with the youth in previous programs, probation officer, parents, placement supervisor, school department representatives, youth, and intensive care team representative. At this time the alternatives to intensive care are explored and if it is proved that numerous difficulties with past placements and/or repeated criminal involvement precludes further placements in non-secure settings, the intensive care team representative gathers all information available and brings the case to the team meeting for presentation. The presentation must include recent (within one year if possible) psychiatric and/or psychological studies, school records, monthly progress reports from programs the youth has been a part of, termination summaries from same, evaluation of family dynamics which led to presenting the youth to intensive care, evaluation of any successful placements or favorable relationships that the youth has had, and an evaluation, if possible, of why failures to hold and treat the youth outside of a security setting have failed. A short discussion of the presentation then takes place and a vote is taken. Reasons why a "yes" or "no" vote was given are explained and discussion of the most appropriate setting for the youth among the different intensive care units is explored. The program selection is ideally based on appropriate matching of youth to the unit, but more often, availability of regional slots, or borrowing of slots, becomes more the criterion. The program representatives to the intensive care team have input at that time of the discussion of program selection. However, program influence thereafter is not a factor in the intake process. The program may appeal the placement after the youth has been in residence five days. This process is an inflexible one with which the program cannot tamper.

The youth usually enters the Worcester Intensive Care Program within a short period of time (average one week) after being accepted by the Intensive Care Team. Youths usually come to the program from other secure facilities or if they are currently being held at Worcester for detention purposes, then they will be moved into the program and males will be moved from the detention wing of the building to the program wing. In the case of a youth being brought from another facility, the youth is accompanied by his/her caseworker if at all possible.

The program is explained to the youth and his/her caseworker by the director of the program and the youth is assigned a program counselor. The rules and regulations are also explained to the youth and his/her caseworker.

The program's treatment plan, point system, and length of stay are discussed in depth and the charts explaining the point system are given to the youth.

A contract between the youth, his/her caseworker, and program counselor is drawn up. Using this form as a guideline, long and short-term goals are defined as clearly and realistically as possible. These goals are drawn up on the basis that the program will receive full cooperation from the youth involved.

Youths are confronted by the program director and youth's counselor concerning the reasons why the youth has been sent to the program. Youth's caseworker is present at this interview to clarify for the youth why he/she was placed in the program if the youth does not have an understanding as to why he/she was placed in the program.

After the youth's initial interview with the program director and counselor, the counselor takes the youth on a tour of the building, introducing him/her to the shift supervisor, various staff members, and other program youths. The counselor also explains the role of each staff member and the layout of the building and its purposes. As stated by the program counselors, this procedure is done on an informal basis, partly to allay the fears of the youth and put him/her at ease, and partly to eliminate possible disruption of ongoing programming. The youth and counselor and their tour in the kitchen where the counselor and youth have coffee or milk and sit down to get acquainted with each other. Counselors indicated that this was an important time to build a relationship with the youth and to gather information from the youth.

There is a different intake policy for those youths to be held on detention or overnight arrests. Detention youths are screened by the family therapist or clinical director of the program. A face sheet is filled out on each youth by the family therapist or clinical director and they inform the youths of the rules within the building. Youths are then searched for contraband by the line staff and placed on their respective wings.

Overnight arrests are handled by the night duty staff who fill out a face sheet on each of the incoming youths and notify the Community Advancement Program (CAP) of the youth's presence in the building. Those overnight arrests who are accepted into the detention program are then searched and sent to bed on their respective wings but those youths for which there is no slot are placed with CAP program and sent to a foster home.

The intake of detention girls is screened by the intensive care team due to the small number of secure slots and D.Y.S. regions' general lack of knowledge of girls' placements available.

Beyond the guidelines set up for intake of program youths and detention youths by the intensive care team, other programs have misused Worcester Intensive Care as a back-up unit. Five youths from the Andros Program were placed in Worcester Intensive Care in a single afternoon, regardless of slot allocations when Andros was going through a difficult period. In another instance four youths from the Adolescent Counseling Program were housed at Worcester Intensive Care under the similar circumstances. Worcester attempted to place those youths in appropriate slots, but in reality, the youths outnumbered the slots and placed a strain on the program and youths that had been accepted by the Intensive Care Team awaiting placement into the program. Intake is confused in these situations and the program is forced to extend itself to accommodate youths who are only in residence for a cooling down period or so that the program from which they originated, can regroup.

EVALUATIVE

The Worcester Intensive Care Program meets the needs of the Department for a secure treatment unit very well when the intake remains within procedure, however, unforeseen emergencies which result in overpopulation places undue stresses on other program and living facilities. Once again, the program has no say in the acceptance of youths in these emergency situations since the decisions are made in the Boston Office of the Department of Youth Services. It is, therefore, inherent that the director of intensive care, the Assistant Commissioner of Clinical Services, and the Commissioner of the Department of Youth Services devise some alternative plan whereby the stress is not put solely upon Worcester Intensive Care but rather on the private organizations who are contracted to provide the services for these youths.

The program has no say in which youths it will accept but unlike other intensive care units, the administration never appealed the placement of a program youth into the program. The administration, psychological staff, and line staff admit to difficulties with certain youths and question their ability to turn a youth entirely away from delinquent behavior, but there has been no indication of an inability or unwillingness to deal with any youth referred to the program.

The intake process itself is very positive in that it clarifies for the youth, the reason that he/she has been placed in the program, the function and expectations of the program, and the length of time the youth will be in the program. The process is simplified for the youth and the tour puts the youth at ease which is important to the youth's success within the program. The process is an honest appraisal of what happens in the program on a daily basis and gives the youth every opportunity to understand what is to be expected of him/her.

TERMINATION AND AFTERCARE

A client may successfully terminate from the Worcester Intensive Care Program upon completion of 13 weeks in the program and provided that he/she has attained the needed in-house scheduling points and behavioral points required. The points accrued by youths determine the different levels of trust for trips out of the building and weekends home or to a foster home prior to termination. The points accrued by youths are the main criteria for youth's graduation from the program rather than the youth's length of stay in the program.

Preparation for a youth's graduation from the program involves the Worcester Intensive Care Clinical Staff, Aftercare Staff, Program Director, the youth's parents, and the youth's regional case worker. The family therapist and the staff psychologist of the program's clinical staff determine the viability of the youth's return home by conducting home investigations and meeting with the youth's parent or parents. If it is determined that the youth will return home, then the clinical staff arrange family therapy sessions with the youth's parents both in their home and in the program facility. The sessions may or may not include the youth, depending upon the feelings of the program clinical staff.

If the determination by the program clinical staff is that the youth should not return home, then the regional office and program aftercare staff consulted about the possibility of locating a foster home for the youth or other appropriate placement. The program aftercare staff consists of a foster home finder whose duty it is to recruit foster homes throughout the state that have the potential to care for youths coming from the program.

Regional offices of the Department of Youth Services are usually involved in the termination process about three to five weeks prior to a youth's projected graduation date. A potential aftercare plan is presented to the region at one of the pretermination staffings. The program makes the request for the region to explore potential foster care placements, group home placements, day services, or job sites as may be needed.

Youths are involved very closely with the termination process. At least two or three staffings are held involving the clinical staff (family therapist, staff psychologist, principal psychologist), the youth's counselor, senior staff supervisor on duty at the time of the meeting, the regional caseworker, program's education director, an administrative staff member, the youth, and possibly his/her parents. Youths have input into the aftercare plan via these staffings.

The program counselors stated that youths appear to be comfortable with the termination procedure, but disagree at times with aftercare plans that are made for them. Counselors stated that some youths fantasize in terms of aftercare plans, e.g. returning home when the home is unsuitable, returning to an unreceptive community where harassment or undesirable influences will make a successful adjustment impossible, going off to an independent living situation or having opportunities for employment upon returning home. Program counselors explore these fantasies with their youths, pointing out the real consequences of such situations for youths.

Once the aftercare plans have been finalized, then the graduation date is set for the youth. An educational summary, clinical summary, and behavioral summary of the youth's progress in the program is sent to the youth's region along with the date of the youth's termination from the program.

Upon graduation from the program, the youth is provided supportive services from the program. Youths that return home are seen by the family therapists for an additional two to three months and longer if the therapist feels it is necessary. The aftercare program from Worcester Intensive Care also includes youths placed in the program's foster homes, to be seen periodically and as the needs arise. The resource coordinator (job developer/recruiter) also visits youths while they are on their jobs to see how youths are doing and if they can be of assistance. These supportive services are provided to youths on the basis that no new youth has been enrolled in the slot that was vacated by the graduating youth. If the slot that has been vacated by a graduating youth is filled, then it is expected that the youth's region of origin will provide the needed supportive services.

CONTROLS

The Worcester Intensive Care Program provides housing facilities for both detained youths and program youths. Because of the clientele the program handles, it is expected to provide security and supervision of youths.

The construction of the facility is designed to assist in the security and control of youths. There have been some structural changes made within the building to more effectively control and secure these youths. Heavy wire mesh has been placed on the inside of windows to stop youths from pushing out window panes and sawing through the window frame. The outside of the windows have been painted so that it is easier to detect missing or broken window panes. The window frame cannot be cut unless there is a window out, because the saw blade has to pass in and out of the window. The window panes also stop contraband from being passed to youths. Small unused areas in the basement have been eliminated by new construction and renovation.

Security at night is provided by outside building lights, a buzzer control panel, and an intercom system. The night lights assist staff in seeing anyone approaching the grounds and building whether to assist youths in breaking out or to pass in contraband. The buzzer control panel is connected to each of the rooms by a pressure switch in the door casing. When a room door opens, a light in the control panel goes on and the buzzer sounds. This buzzer system is used only at night because youths have mobility between rooms during the day. The intercom system is a two-way speaker system which allows staff to listen in on any conversations going on within range of the speakers, and to call staff via use of the same speaker. Speakers are located in all of the hallways in the building and with the intercom system, night staff can detect any breaks in or out of the rooms.

The outdoor recreational areas are enclosed by twelve-foot chain link fences, topped with strands of barbed wire. The program director would like to have a roof placed over the basketball court to prevent youths from escaping over the fence and to provide an enclosed recreational area during the winter months. The outside recreational areas have been the main source of escapes from the building, according to the director of the program.

The ongoing maintenance of the building also serves as a deterrent to youths who may have intentions of doing damage to the facility. The director stated that repairs were made each day when necessary so that youths would not have any visible damage in their rooms. He stated that youths realize that any type of destruction is not tolerated. This theory appears to be working although there have been many minor damages to the building.

There are no formal written rules pertaining to detention youths. However, staff have been told what can or cannot be done with youths on detention. The major unwritten rules are as follows:

1. No detained youth is permitted to leave the building under any circumstances except to return to court or in case of an emergency.
2. Detention boys will remain on their own wing of the facility and will not interact with program youths or females.
3. Detained girls can either stay on their own wing or go to the program wing for recreation.
4. Detained youth (especially males) will be supervised by staff at all times when moving within the building.

Program youths operate on a point system and this point system determines the youth's length of stay in the program, his/her amount of freedom outside of the facility and the amount of points that program youths are set back when they are involved in an acting-out incident. This point system serves as a control mechanism in that youths are not awarded their behavioral point for a specific shift if they are involved in any acting out incident. The point system also controls acting out in that youths have to spend additional time in the program under the re-orientation process if they act-out. The program point system is explained in the appendix of this evaluation along with the re-orientation process.

What must be restated is that youths cannot graduate from the program unless they attain both their "in-house scheduling points" as well as the "in-house behavioral points." Youths must graduate on the basis of points attained rather than length of time in the program.

The words "one to one," "groups," and "weekends," on the side of the "in-house behavioral chart" refer to the type of supervision program youths must have when they go out of the facility. One to one refers to one staff per youth, groups refer to one staff per two or three youths, and weekends refer to those youths who do not need supervision when out on program activities since they are going home on weekends unsupervised.

There are also unwritten rules which are explained to all youths upon intake and communicated to all staff. They are:

1. That no drugs, alcohol, or other chemicals are to be used by youths while in the building and program. Also that the smuggling of these types of contraband into the facility will not be tolerated.
2. That no weapons i.e. guns, knives, straight razors will be allowed in the facility.

3. That no other types of contraband, i.e. tools, saw blades, allen wrenches, etc. be allowed in the possession of youths.
4. That no physical violence either between youths or between youths and staff will be allowed.
5. That no sexual relationships between youths are allowed.

The prevention and consequences of these rule violations are controlled through the use of skin searches, room searches, restrictions, loss of privileges (individually or as a group), reorientation process, physical restraints, and lock-up.

All youths are skin searched upon entrance to the facility. Male staff members skin search all male youths initially entering the facility whether they are detained youths or program youths. Female youths are searched by female staff. Youths are taken to a room where they strip of all of their clothing. The staff member then searches all of the youth's clothing and belongings for any contraband. All searches are preceded by staff inquiring whether youths have any contraband among their possessions or clothing and if they do to give it to the staff. The reason for this type of search, as stated by the director, is to prevent contraband from entering the building. The director cited an incident where a youth had hidden a hack saw blade in the waistband of his trousers and had used it to cut a few bars in his window before having the blade detected.

Program youths that are allowed out of the building, are "padded searched" when they return. This is not a firm policy but is implemented periodically to prevent youths from bringing in contraband. Once again, males search males and females search females. Youths lean up against a wall while staff pad them down. This type search serves more as a preventative measure rather than a policy which is carried out whenever a youth reenters the facility. The judgment for the implementation of this type of search is left to the shift supervisor in charge.

Room searches are conducted if there is evidence that contraband has been brought into the facility. The implementation of such a search is predicated upon staff's feelings and general knowledge rather than specific knowledge of the location of the contraband. Room searches in and by themselves are not effective if youths are aware of the situation since youths will then carry the contraband on their body and pass it on to other youths. These feelings were stated by two of the shift supervisors. The supervisors also stated that the room searches were conducted periodically rather than on a regular basis.

Room checks are conducted every five to fifteen minutes to insure that youths were not cutting through any of the windows. These checkes are

made round the clock and especially at night when youths are in their rooms. The rooms on the boys' detention wing are not checked during the day since all of the rooms are locked with youths confined to the wing. These room checks are policy and designed for security reasons. Along with these room checks, all doors leading out of the building (except the front door) are checked to see if they have been left open by staff or tampered with by youths. These periodic security checks are logged-in in regards to time and who conducted the security check.

The restriction policy is based on restrictions within the building, to the building, and to different locales outside of the building. Restrictions within the building pertain to the various wings and eating arrangements. No male youths are allowed on the girls' wing at any time unless they are doing maintenance work on the wing under the supervision of staff. Detained male youths are restricted to their wing with no visitation from male program youths or any female youth. Program youths (male and female) are allowed on the program wing and various locales of the building i.e. school room, nurses' office, counselor's office, under the supervision of staff or with permission of staff to go to a specific area. Again, these restrictions were designed for security reasons, specifically to break up the size and number of youths being supervised by staff, according to the program director.

The director stated that the eating arrangements were designed to segregate youths into groups and group sizes for supervisory reasons also. The female youths (program and detention) are the first to go down to the kitchen and dining area. The girls set the tables for all of the youths and then sit down to eat in the dining area which is separated from the kitchen. Upon completion of meals by the females and program boys, both groups are returned upstairs, separately. Once this has been completed, the detention boys are brought downstairs to have their meal in the dining area. Meals are portioned out so that there is ample food for all youths.

Restrictions to the building are placed on those youths who have a history of escaping from confined facilities. This policy is utilized when there is not adequate supervision for youths who have continually run from programs. This policy is not utilized for program youths since the program points system determines to some extent, the needed supervision for any "away from the building" excursions. Program youths may be restricted to the building under the reorientation process when youths have acted out or may lose privileges such as attending a concert or movie. All detained youths, male and female, are restricted to the building and enclosed grounds.

Some youths or combination of youths are restricted from outside recreational locales, however, the staff circumvent the use of this restriction by taking youths out in smaller groups with more supervision. A youth just

entering the building for the first time or returning from a run is usually restricted within the building and is not allowed out on the basketball court or baseball field. This policy varies with different shift supervisors and is implemented based on their decision, which takes into consideration not only the number of staff to supervise the activity but also the strengths and weaknesses of each staff member.

The loss of privileges pertains more to program youths than detention youths. The removal of privileges results when youths are not acting responsibly. Privileges may be removed from an individual or from the group. The privilege of a youth to have his/her lights on in his/her room after bedtime is removed if the youth refuses to get up in the morning to participate in the program. This type of decision is made between shift supervisors and noted in the log book to inform all staff.

If the total group of youths are acting-out or refusing to participate in the program, then privileges such as attending a concert or going out to a movie may be withdrawn. A decision of this sort is usually made by the program director and explained in a group meeting of youths and staff. Youths are told the reasons for losses of privileges and the group discusses what can be done so that further privileges are not taken away.

The loss of a privilege appears to occur more on an individual basis than on a group basis. The individual loss of a privilege does not appear to have the amount of impact that a group loss of privilege has. When the group loses a privilege, peer pressure is exerted by youths upon one another to preform satisfactorily within the program. This method is a strong group control measure which is used effectively in conjunction with groups run by the clinical staff.

The policy of reorientation applies only to program youths. It is designed to prevent program youths from acting-out while in the program. The strength of this policy lies in the fact that more time will be added to a youth's length of stay in the program. The explanation of the policy is found in the appendix of this evaluation and this policy serves as a strong individual deterrent on acting out behavior. The reorientation process is applied individually rather than on a group basis.

The application of the use of physical restraints is made by individual staff but comes under the scrutiny of the program director. Physical restraints as defined by this evaluation team, is the ability of staff to physically hold youths to render them immobile, whether it be by the use of handcuffs, leg cuffs, or physical holds i.e. full nelsons, head locks, or body presses. The use of physical restraints are employed to break up fights,

to stop youths from engaging in fights, or from inflicting damage to themselves i.e. slashing the wrists, punching walls, and from doing damage to the building, and preventing youths from escaping. The use of physical restraints in the program has been on a short term basis, ranging from a few minutes to four to six hours. There have been exceptional cases where handcuffs have been used to restrain difficult youths over a prolonged period of time. The use of physical restraints are noted in the daily log and described in shift reports which are written by staff. The evaluation team did not observe any abuse in the use of physical restraints during the period of the evaluation. Staff and other youths will physically restrain youths who engage in a fight. The program director reviews each incident individually to see if it was handled properly. It is the director who provides the impetus to change or confront policies on the use of physical restraints. The director also takes the initiative to educate staff on the proper use of physical constraints but permits staff to use physical constraints at their own discretion.

The policies involving the use of lock-up and room restriction are predicated on the behavior of youths. The use of lock-up and room restriction were used frequently during the period of the evaluation. Room restrictions were utilized primarily for program youths who did not want to participate in the in-house scheduling activities, i.e. education, groups, or seminars. When a youth chose not to attend one of these sessions, he/she automatically went to his/her room until the program activity was completed. The director explained that room restrictions were designed to motivate youths to attend the program activity. Prior to the development of room restrictions, those program youths who did not attend program activities were allowed to engage in recreational activities such as playing ping pong or pool, or watching television. Youths stopped engaging in the program activities and chose the option of watching television or engaging in recreational activities even though they were not receiving their in-house scheduling points. The program director along with staff, then devised the use of room restrictions. Their feelings behind this control measure, as stated by the director, was that youths, given the option of staying in their rooms, void of any activity or attending program activities and receiving in-house scheduling points, would opt for the latter of the two. What the evaluation team observed was that the majority of youths attended program activities and that other youths were selective in what activities they did attend, but were also comfortable about the alternative of being restricted to their rooms. The room restriction policy was accepted by youths and did not have to be enforced by staff.

The policy of lock-up was not acceptable to youths although youths that were in lock-up felt that their prior actions which resulted in lock-up, did warrant the use of this control measure. There are no written rules regarding

the use of lock-ups, but youths and staff clearly understand how and when youths were to be locked in a room. What was not clear to youths and staff, was the length of time a youth would spend in a locked room. The line staff make the decision when to lock-up youths and the program director determines the length of time a youth will spend in his/her room. Youths were locked-up for aggravating other youths, fighting, smuggling contraband into the facility, use of drugs or alcohol in the facility, attempting to have sexual relations, damage to the facility, trying to escape or escaping and being apprehended, suicidal behavior, and other various reasons. Rooms of all youths are also locked at night due to a reduction in numbers of staff covering the eleven p.m. to seven a.m. shift.

All lock-up cases are treated individually by the program director with input by line staff and clinical staff. One lock-up policy utilized by the program was that a youth would spend a day in lock-up for every pane of window that he or she knocked out in his/her room. Another policy that had been implemented with one youth was that the youth would spend a week in lock-up every time he was apprehended after escaping from the program. This specific case was re-evaluated by the clinical staff and changed because staff felt that locking up this youth was having no impact or motivational change on the youth.

In the majority of cases, youths were placed in lock-up to isolate them from other youths until the tempers of youths had stabilized and cooled down. There were exceptional cases of youths that had been in lock-up for extended periods of time.

One youth interviewed by the evaluation team stated that he had been in lock-up for thirty days which when checked out with the program director was found to be true. The youth stated that he liked being locked up since he did not have to deal with the program or his social deficiencies. He felt that the program had had some impact in changing his behavior which he felt was beneficial, but he did not want to go on making any more changes. The youth stated that he had escaped from locked facilities approximately twenty-five times over a two-year period and that he had also escaped from Worcester two or three times. The youth felt that he was in lock-up due to the personal frustration he had caused to the program director, but felt that the program director was justified in having him in lock-up for such a long period of time. He stated that his daily schedule was reversed from that of the program in that he slept all day and got up late in the afternoon for evening meals. He ate in his room and was then allowed out for showers and television on the wing, or to get some reading material. After being out for a few hours (4 to 6 hours daily) he would go back in his room to read or watch a television which he had in his room or go back to sleep. He stated that staff came in to visit him, but that he usually didn't have much to say and that they would leave after not getting a response from him.

Another youth that had been placed in lock-up half an hour earlier, was interviewed by the evaluation team. This youth felt that he had been in lock-up too long, and that the staff were not justified in putting him in lock-up, since "he couldn't get out to even the score" with a youth he had fought with earlier. The clinical staff then put both of the youths together so that they could settle their differences and explained that they would be let out when they felt they could get along with each other. Within a half hour, the youths said they had settled their differences and were released to their wings.

The reports on lock-ups are noted in the shift reports and the daily log, however, not all lock-ups were recorded in the daily log and appeared to cause some confusion between shifts as to those youths that were in lock-up and those that were out of lock-up. The daily log also did not always reflect when a youth was getting out of lock-up although staff knew when the youth would be let out.

The policy of locking all the doors to rooms at night was employed so that staff could control youths. Youths are let out to go to the bathroom by staff, one at a time, after eleven o'clock at night. This policy controls the number of youths out of the rooms and prevents any major incident, i.e. riots from occurring.

EVALUATIVE

The controls of the program appear to be intense and one of the prime factors toward the overall functioning of the program. The program stresses security on the basis that a youth cannot be treated unless he/she is first stabilized within the building and youths have become familiar with the program and vice versa. The intensity of the controls are the result of external pressures from the Boston Office of D.Y.S. and the surrounding community.

The low motivation of clientele within the program also demands the need for strict controls. The fact that additional youths have been placed in the program compounds the need for these controls, along with the duplicity of functions, i.e. detention and secure treatment.

The program staff understand the control policies although they are not written down. The staff function to the best of their ability to implement these controls, however, there is a tendency to place certain staff, i.e. shift supervisors, in authoritarian and disciplinary roles. It is the opinion of this evaluation team that the tendency to place responsibility solely upon shift supervisors be relinquished in order to strengthen staff responsibility and to eliminate any problems occurring from shift supervisors handling female disturbances. An alternative to male shift supervisors handling female disturbances or problems would be to create a female shift supervisor designated to assist other female staff with any incident.

The evaluation team would like to commend the program director and staff for the structural changes made within the building to provide security. The thought and planning that went into designing the use of heavy wire mesh should be recognized. The wire mesh was placed inside of the windows to prevent youths from escaping and allow ventilation of the room in case of fire, by breaking windows from the outside. The painting of the windows also allows for easy detection by staff of youths that are trying to escape. The structural changes in the basement eliminates any secluded areas youths could utilize in order to hide and escape. These changes have been made to stress security of youths and to some extent are the result of pressures exerted from the Boston office of the Department of Youth Services.

The control policies of the program are designed to provide intense security, however, these policies have been abused at times according to the program director and program staff. The evaluation team did not observe any abusive incidents and appreciates the openness of the program director and program staff.

The use of handcuffs in restraining youths to their beds or an immovable object for any period of time without the presence of a staff member is in direct violation of the fire law. The use of handcuffs in restraining youths for prolonged periods of time is in violation of Office for Children regulations, but is not stipulated in any D.Y.S. policies or regulations other than the policy that youths may be physically restrained for any reasonable period of time. The determination of "reasonable period of time" is not clearly defined by D.Y.S. and is left to the discretion of the program director or program staff using physical restraint. Since the use of physical restraints is a judgmental decision, the evaluation team recommends that the program director scrutinize and document all incidents in detail and take appropriate action to eliminate the abuse of physical restraints.

The applications of skin searches are dehumanizing. However, it is the opinion of the evaluation team that the program could not effectively provide security to youths without the implementation of this policy. The alternative to skin searches would require the use of a metal detector and/or similar sensors to prevent the entrance of weapons, tools, drugs, or other contraband into the building. The evaluation team recognizes the fact that the program is trying to operate to the best of its ability with its given resources and that any financial recommendations or policy changes regarding skin searches be directed to the person in charge of intensive care within D.Y.S., the D.Y.S. Assistant Commissioner of Clinical Services, and the Commissioner of the Department of Youth Services.

The policies regarding restrictions would be effective if they were followed. The youths that have escaped from outside recreational areas

may or may not have been lost if the pertaining restriction policy had been implemented. Enclosing the outdoor recreational area would assist in deterring youths from escaping and would reduce the need for such a restriction policy.

The room restrictions used to motivate program youths to attend in-house scheduling programs are practical and do serve to motivate youths, however, they are set up on a negative choice basis. The evaluation team recommends that an alternative method, i.e. positive reinforcement or reward system, be developed to motivate youths to attend in-house scheduling programs.

The segregation of youths into small groups has served the purpose of deterring acting out behavior. This policy has been effective and has made the handling of youths more humane.

The program's point system should be stressed more often and clarified for youths periodically to have a greater impact on youths. Youths in the program have an initial understanding of the point system but tend to forget it over a period of time. The opinion of the evaluation team is that the point system was looked at by youths not as an incentive mechanism but more as the goals of the program and the length of time they were to be in the program.

The removal of privileges both individually and as a group is in the opinion of the evaluation team the most effective control measure toward controlling negative behavior and eliciting motivation from youths. The removal of group privileges exerted peer pressure by youths upon each other to actively participate in the program and/or reduce negative acting-out behavior.

The program's policy of lock-up is in violation of the Office for Children regulations which states that a youth cannot be in lock-up for over a six hour period without seeing a psychiatrist. However, this policy does not appear to be practical in dealing with incidents and clientele within the program. The opinion of the evaluation team was that lock-ups were too rapidly used. Those youths that were placed in lock-up were there primarily to isolate them until a clinical staff could counsel them. The evaluation team recommends that a more stringent policy on the use of lock-ups be developed when the population of the building is reduced to its proper allocation and when the clientele has been separated to service program youths.

CLINICAL COMPONENT

The clinical staff includes a clinical director and four counselors. The philosophical approach of the clinical staff is to try to meet each program youth's individual emotional needs and to develop supportive resources that will assist these youths after they are reintegrated into the community.

Counselors are assigned to each individual youth whether the youth is on detention status or program status. Youths are assigned to the counselors by a slot board as soon as the youths arrive at the facility. The slot board reflects the number of program slots and detention slots assigned to each region of D.Y.S. Counselors' names are affixed to each regional slot and as youths arrive from the various regions, their names are placed in the open slots and they are assigned the counselor whose name is next to the slot. Counselors have approximately six to seven youths on their caseloads, of which half are program youths and the other half detention youth.

Counselors fill out face sheets on detention youths as soon as they enter the program and inform the youth how long he/she will be in the facility before going back to court. The counselors answer questions youths may have about the facility, their upcoming court appearance, or their family. Counselors do not have any formal one to one counseling sessions with youths because youths are under the jurisdiction of the courts rather than D.Y.S. and detention youths do not participate in any group seminars.

Program youths are assigned a counselor as soon as they enter the building. The counselor assists the youth upon his/her intake. After a youth has been searched for contraband, he/she is taken by the counselor to the room used by the clinical staff. These rooms are located in the basement of the facility. The counselor fills out an informational face sheet with the assistance of the youth, then goes on to explain the in-house program and the point system. Counselors also explain how they will assist the youth while he/she is in the program. This meeting is primarily an informational meeting where both youth and counselor get acquainted with one another. The counselors explain to youths the one to one counseling process, groups, and seminars.

Counselors meet with program youths in formal one to one counseling sessions twice a week. These sessions usually last for a minimum of one hour with no maximum length of time placed on them. The evaluation team did not sit in on any formal counseling sessions although the evaluation team did see counselors and youths meeting in the rooms usually utilized for these sessions. In addition, the evaluation team observed counselors and youths meeting informally in one to one sessions in various areas of the building.

The clinical staff stated that one to one counseling involved discussions about topics such as youths' problems at home, school, or other places. Counselors felt that the sessions provide a means of communication for youths and give youths the opportunity to form a relationship with their counselor. Counselors stated they used the sessions to do whatever youths wanted to do even if youths only wanted to look out the window for an hour. The counselors also stated that attendance at these sessions is mandatory for youths. This rule is enforced to emphasize the importance of the sessions. Counselors stated that youths had been treated too permissively prior to being in the program.

Youths interviewed by the evaluation team felt that the sessions were helpful in enabling them to get better acquainted with their counselors rather than accomplishing anything concrete in terms of problem solving. Youths did feel they could turn to their counselors to discuss problems they were having or to get answers to any questions they had. Program youths knew who their counselors were and the hours their counselors were scheduled to work.

Two of the four counselors direct the afternoon group sessions and are responsible for scheduling evening seminars. Youths are assigned to groups upon intake to the program. A group leader stated that the program youths were split into two groups to make the groups more manageable and effective. However, during the time of the evaluation there was just one group because there were only six program youths and some counselors were on vacation. Groups usually consist of no more than six to eight youths and are conducted on a daily basis during the week.

One group leader stated that he tried, first, to educate youths verbally, so that they could express themselves, then taught youths the dynamics of group therapy through various group exercises. He tried to instill in youths a trust of one another through the group exercises with the hope of having youths express their feelings and discuss their problems. The group leader felt he had had positive group sessions when he did not have to facilitate or direct the group. His emphasis for the group was to have youths help each other to cope with problems as well as having them express their feelings openly and to understand those feelings. Friday groups for him usually concerned ongoing problems youths were having in the program.

The other group leader had more of a reality oriented group, dealing primarily with programmatic problems and then with feelings behind those problems. This group appeared to work with the concrete problems in the program (fights between youths) and the feelings behind these actions. From the observation of this group by the evaluation team, it appeared that the group was geared more towards youths' "street language" than reeducation in group

dynamics. The group leader directed the group and questioned youths when they did not participate in the discussion. Youths in the group observed by the evaluation team felt that problems were being resolved in these group sessions, but in general, the youths did not like to attend or participate.

Youths are able to switch from their originally assigned group to the other group if they choose to. The process for switching groups is as follows: first, the youth has to state his/her reason for wanting to change groups to the group leader and then to the total group; if he/she is given permission to switch by the original group, they approach the other group and ask permission for the youth to join the second group. The youth once again states his/her reasons for wanting change. If he/she is given permission to join by the second group the youth becomes part of the group; if not, the youth must return to his/her original group. The group leaders stated that switching of groups has been minimal, youths usually opt to stay in their rooms rather than attend the groups.

Program seminars are conducted on weekday evenings and are planned and scheduled by the two group leaders. Seminars are the responsibility of the clinical staff because they are designed to help youths deal with their emotions. Seminar topics have included discussions on human sexuality, drug and alcohol abuse, religions and religious beliefs, courts and juvenile justice, and transcendental meditation. The seminars are conducted in the basement of the facility by either the group leaders or a guest speaker or consultant. The seminars attended by the evaluation team pertained to the history and origin of transcendental meditation. The group presenting the seminar was a private organization whose members included ex-prison inmates and people "experienced" in transcendental meditation. The group presented historical background information on T.M. and members related how T.M. had helped them individually in solving and coping with specific problems.

There are two counselors who work with families of youth on an ongoing basis. These counselors visit the families weekly or bi-monthly either individually or as a team. The evaluation team did not observe any of the family counseling sessions because the staff involved were on vacation, but the evaluation team, at a subsequent visit to the program, did observe the family counseling staff leaving for a family work session.

Family counselors stated they worked with youths' families first, by acquainting themselves with the parent(s) of the youth, gathering information about family interrelationships and/or problems. Counselors visit parents in the parents' homes to make them more at ease and also to assess the home environment. Youths do not take part in the family counseling sessions until they are ready to be reintegrated back into the home.

Family counselors stated that their basic task concerns helping parents to understand their youths behavior and emotions. The accomplishment of this task includes educating parents to understand how their own behavior and emotions or lack of same could have caused acting out behavior of the youth. Counselors stated that they tried to help parents to understand their own behavior, relationship formations, and cope with their own problems.

Family counselors usually contact parents a few weeks after the youth has been admitted to the program. Counselors assess the home environment during the initial visits, then work with the parents until the youth is reintegrated into the home. Once the youth is home, the family counselors work with both parent(s) and youth. Counseling is provided on a weekly basis when the youth first returns home. Then, after the youth has been at home two to three months, the sessions are scheduled bi-monthly. Later, this progresses to a monthly meeting, tapering off to complete absence of family sessions.

The clinical staff also handles the majority of incidents (negative behavior) that occur in the building. When a fight broke out between two youths, the line staff separated the two youths and placed them in two rooms. The line staff then notified the clinical staff, who were aware of the incident, to deal with the problem. A counselor talked separately with each of the two youths and decided to put the two youths into one room to settle their differences. The counselor stated that he did this because he felt that the two youths were 'mouthing off' rather than wanting to fight. He placed the youths in the room and stood outside to listen, ready to break up a fight if one occurred. A fight did not result but the youths did not settle their differences until later in a group session. The counselor directed the group and exposed the dynamics which led to the fight, explaining the ramifications behind the "set up." Both youths appeared to understand that they had been "set up" and tensions were eventually reduced between the youths.

It is the duty and responsibility of the clinical staff to talk with youths when any problems or incidences occur on the "floor." Line staff break up the physical tension between youths but counselors talk with youths to reduce emotional tensions. It is the counselors who make the decisions to isolate youths or to place them back on the "floor." This decision is usually made after counselors talk with youths involved in any incident, and with staff who observed the incident. Counselors usually like to settle differences immediately and at times, force verbal confrontations between youths before working with the youths' feelings that precipitated the incident. Line staff usually handle any problems on the weekends when counselors are not apt to be around.

The clinical director stated that the clinical staff have weekly clinical meetings and do case reviews every two weeks. The evaluation team did not

observe any clinical staff meetings or case reviews of program youths, but did observe a placement meeting on a detention youth, chaired by a counselor. Case reviews and clinical staff meetings were not conducted because clinical staff were on vacation. Clinical staff are also required to write weekly reports about each of their youths. The reports are summaries of a youth's behavioral and emotional progress in the program.

EVALUATIVE

The clinical staff of Worcester Intensive Care tries to meet the emotional needs of the clients. Many of the youths in the program do not like to be approached with the idea that they need help. The staff try to overcome the youth's animosity toward counseling by building meaningful relationships with them. Many youths do not know who their counselor is but do know whom they talk with if they have a problem.

A questionable area of the clinical component is the method of assigning counselors. The present process does not allow for any input by youths or counselors prior to the assignment. It would appear that youths should first be observed, then matched with a counselor who could meet his/her needs. The present process does not allow the program to do this. On the other hand, the present system allows youths and counselors to form relationships in a more realistic manner. In everyday society, people have to work with people they either like or dislike, not necessarily with those persons of their own choosing or having similar interests. The present process has apparently worked well because very few if any youths have switched counselors.

The fact that the counselors handle incidents that occur with program youths, helps to solidify relationships between youths and counselors. Counselors deal with the youths when they are upset and help youths work out their problems. Counselors force the issues when these problems occur and gain further insight into reasons for youths' actions. Youths feel positive about counselors because they can relate to counselors not only when their behavior is positive but when it is negative, and the youth is not able to deal with his feelings. The counselors usually try to get youths to objectively look at the incident and learn from it so that they will not repeat the incident. The groups add to youth's education about incidents by adding peer pressure and input from other youths.

The different types of groups also helps by providing different techniques for youths to express themselves as well as to look at themselves. Peer pressure applied within groups also provides impetus for positive change within the program.

The family counselors are also helpful in effecting change within the youth's home and assisting youth's return home. They also provide needed supportive services to youths after they are home. The counselors also act as indicators in determining youths' viability within their homes and can aid youths in getting any additional supportive services youths may need.

It is the opinion of the evaluation team that the clinical staff of the program adequately meets the emotional needs of program youths as effectively as possible given the type of clientele they are working with.

RELATIONSHIP TO THE COMMUNITY

Worcester Intensive Care Unit is located on Route 9, and is surrounded by other state facilities such as Worcester State Hospital, University of Massachusetts Medical School, and the Department of Public Works. There are fields directly around the building which isolate it from the other buildings. Route 9, a heavily travelled thoroughfare, serves as a boundary which further isolates the Worcester I.C.U. from a commercial and residential area on the other side of the road. However, this geographic isolation does not preclude isolation from community involvement, according to the staff members and community agents interviewed.

PROGRAM STATEMENT

There are many resources available to Worcester I.C.U. and it appears that many engagements have been utilized to enhance the quality of individual development. The following agencies have been used for seminars and cultural enrichment: Planned Parenthood; Worcester Drug Counseling Center; Legal Aid Society; University of Massachusetts School of Education; Guild Players (summer theater); National Guard; Transcendental Meditation; St. Vincent's Hospital; Assumption College; Adult Learning Center; Worcester Police Department; Division of Employment Security; Worcester Ex-Offenders Program; Worcester County Accupuncture Society. Future planning is being done for a fall football seminar and repeats.

The program has three staff who arrange for agency representatives and community groups to present information to the youths. Input for planning appears to come from kids and staff. This was further verified by community people interviewed, whereby the consensus was that the residents responded to what was taking place in seminars, group discussions.

The response of the community to the program, as stated by the program, is positive. There has been an effort on the part of the program director and other administrative staff, to educate the community. The newspaper has been used as a vehicle for this "educating" process, through editorials and press interviews. Also, administrative staff stated to the evaluation team that tours of the facility and a brief explanation of the program take place when a community agent visits the program.

As stated to the evaluation team by staff, there is minimal acting-out behavior by the residents while in the community. This is due to the step system used as a control privilege device (see Controls) i.e. a youth must demonstrate his ability to control behavior.

Ongoing relationships between the program and the schools are centered around planning of educational/vocational components of the program, as well as the seminar component.

COMMUNITY STATEMENTS

The response of the community agents interviewed, in general reflected high regard for the overall goals of the program. Interviews were conducted with a lawyer, a judge, the Chief of Police, a nurse, and personnel at a health center. There was also a general feeling of sensitivity to the needs of youth as individuals. There were no indications of stereotyping amongst the responses from community representatives. Also, it was felt that the behavior of youngsters was positive during visits by community people. There were some requests by community agents for: 1. Being invited to the program again (especially Ex-Offenders Program and Legal Aid Society); 2. Further information about the regional breakdown of youths in the program; 3. Restructuring the intake of youths from state-wide to regional.

EVALUATIVE

It appears that efforts have been made to educate the community about the program, while maintaining a relatively low profile. The use of community agents as volunteers for Seminars appears to benefit the youths by providing continuous outside input, thus alleviating stigma about being in the program. The program is to be commended for the following: 1. Development of viable community resources which enhance the overall reintegrating goals of the program; 2. Input from youths and staff in planning; 3. Low (minimal) acting out behavior within the community, and ongoing vs. crisis-oriented relationships especially with police and courts.

The following recommendations could enhance the program's efforts:

1. Continue to invite people to the program for formal and informal visits;
2. Continue to provide community agents with program information.

RELATIONSHIP TO D. Y. S.

The staff members who were interviewed by the evaluation team indicated that there is a breakdown of communications between the regions and the program. It is felt that support by the regions is minimal (excepting Region IV) because of the following: 1. Regional caseworkers do not make regular visits to the program; 2. Regional representatives to the I.C.U. are not clear on criteria for intake; 3. Actual slot allocations for reception and detention residents appears to be unclear within the regions; 4. Alternatives for care of youths are limited, which tends to make Worcester Intensive Care Unit a catch-all facility (due to loss of Westfield and A.C.I.D.).

It appears that the program makes regular progress reports on residents to the regions, and reports incidents and runaways to the respective regions.

Termination of youths is usually done through a cooperative effort between the regions and the program. However, the program feels that this needs to be improved as part of the relationship.

EVALUATIVE

The program does not feel supported by the regions, and it appears to the evaluation team that: 1. In order to serve the youths more effectively, this should be corrected; 2. Clarification of slot allocations and intake criteria on the regional and state levels could facilitate better working relationships. Relationships could further be improved by regular visits of regional caseworkers.

RECORDS

There are three major record keeping areas within the building. In the general office area are two locked filing cabinets containing folders on each youth actually in the building, inactive youths and all youths that were in the program since it began. These files are "public" information in that they contain face sheets, psychologicals, psychiatrics, psycho-social histories, reports from other placements and agencies, and casework histories. Also contained are any monthly reports that are sent out to Regions on the youth's progress and this is information that the Regions send along with the youth. They are as complete as the Region is cooperative in supplying the program with the information.

Recorded in the files are youth's name, birthdate, race, sex, religion, address, I.Q. scores, grade completed, guardianship, place of birth, father's and mother's names and places of birth, parent's marital status, region of origin, court records, caseworker, next of kin, address, and telephone of parents, whether parents are deceased or living, custody status, monthly progress reports, summary of justification of discharge. Follow-up services after discharge, date of discharge, family history if supplied by region, medical release, history, and recent physical, and special needs.

Information involving discharge summaries and aftercare plans are not placed in the office files until the youth leaves the program.

The Clinical Office files contain the personal input of the clinical staff. Reports of twice weekly staffings within the clinical team are included as are all write-ups of family contact/therapy sessions. The Staff Psychologist and Family Therapist also keep written accounts of each therapy session they have with individual youth. "Even these records are kept separate so as to remain confidential and to negate any subpoena power."

Another set of records is kept in the school room. These include all test results from SPACHE, SRA, WRAT tests given each youth. Daily progress reports are done and then compiled into a weekly summary which is in each youth's file. When the youth leaves, he is retested with the SRA, WRAT, and WISC tests, and a write-up is done then and transferred to the general office file. The report consists of listing of texts used while youth was in the program and progress that the youth made during his stay at the program.

Population records are kept in five areas. The Daily Population Intake book lists each youth that enters the building, including the day in and the day out, and the region of the youth. The program Intake book is for program youth

only and lists youth's name, date of entrance, region of origin, race, color, religion, and reason for entrance (i.e. emergency slot, secure detention, intensive care).

The Daily Log Book in addition to other activities going on in the building lists name of youth, region of origin, and time of day of intake.

The Daily Population Sheet is a typewritten page listing name of youth, region of origin, court dates, status, and is for the use of the Director, Principal Psychologist, and Assistant Secretary.

The "Cardex" is kept in the control room and lists in six categories youths in the building. They are Detention, Intensive Care Detention, (program youth that are also on detention), AWOLS, Reception, Intensive Care Youth, Youth in Hospital. Each card shows name, address, guardian, In-date, date of birth, home telephone number, region of origin, court date, and who is responsible for picking youth up for court.

EVALUATIVE

The records are very up-to-date and extensive in that all the components, although kept separate while the youth is in residence, are communicated in the twice weekly staffings on the youth. The general make-up of staffing patterns allows for free interaction of information among all the staff involved and the youth himself/herself. The system is cumbersome at first, to evaluate but the reasons for the separation of components is logical and necessary. Some information, especially clinical, should not be as dispersable as the information in the general office files. The general office files were standard and easy to use and they contained more information especially from the most cooperative regions, than most programs have. The program has some difficulties with incomplete general office files, due to laxity of certain regions to live up to their responsibilities, i.e. to provide the program with clear and complete information on youth's past performance. It is essential that the program have this information as a plan can not be worked out successfully if the program does not know any of the reasons for youth's referral to intensive care, or if the reasons for the referral are confused or unclear.

